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LOMA LINDA UNIVERSITY, LOMA LINDA, CALIFORNIA 92354



OPINION

VA hospital

As a retired missionary whose husband, son, and grandson served their country in four wars, I wish to express my appreciation for the timely editorial in the recent SCOPE regarding the building of a new veterans hospital in Loma Linda — and may I add a few thoughts for those persons who are perturbed by the idea of having a Veterans hospital in our small city. Can we not be thankful that the Lord has opened the way so our many young people may have an opportunity, not only to improve their own healing arts, but also to direct their patients to the Great Physician who can heal their sin-sick bodies and their sin-sick souls? And as for the 1200 workers who will be coming to our streets and stores, maybe the Lord is bringing the mission field to those of us who are unable to go afar, so that giving them a friendly smile, a cheery word, we can show them that we are not just interested in our own selfish desires, but that we can demonstrate what a little city can be where everyone loves the Lord and each other.

Hazel P. Trieble
Loma Linda

Preparation for parenthood

I too was interested in the article on obstetric anesthesia in the March-April SCOPE. I have wondered for the past four years (since my first pregnancy) why LLU and hospital were so slow to welcome change in this area for those who desire it?

I gave birth to my children at the White Memorial Medical Center and before the birth of my second child, classes in "Preparation for Childbirth" had been inaugurated which my husband and I attended. There was a minimal fee required and at the completion of the course, taught by Joy Anderson, RN, a certificate was issued. This certificate was the requirement our physician required to allow my husband to be present in the delivery room.

The classes did not teach hypnosis or self-hypnosis or urge anyone to have "natural childbirth" (without any medication), but rather served to inform and prepare both mother and father (both were invited to attend, but father's attendance not mandatory) in the steps of a normal pregnancy, labor and childbirth. They also provided helpful visual aids and an atmosphere for good discussion and clearing up of many misconceptions. Exercises were taught and practiced that not only strengthened the muscles used during pregnancy, labor and childbirth, but also breathing exercises were taught that served to help relax the mother and help her to feel "in control" during her labor. If the father was present he learned

how he could help his wife through labor and in the delivery room.

My husband and I feel that our experience was so satisfying and rewarding that for us there could never be any other way barring complications. We will be pleased to hear when this type of program is offered at LLU.

Sandra Pooley
Anchorage, Alaska

The Exodus problem

In the March-April SCOPE I read an article by Dr. Courville in which he mentioned the preparation of a two-volume work entitled *The Exodus Problem and its Ramifications*. What is the status of these books and where can they be obtained?

Florence M. Hershberger
Mt. Vernon, Ohio

Editor: Both volumes of Dr. Courville's study should be off the press by the time SCOPE reaches you. See News story on page 21.

Newsweek story

I read with interest this suggestion in *Newsweek* that peanuts may be aphrodisiacs. We have no evidence in the scientific literature that this is so. The girls in the school mentioned were, no doubt, eating an inadequate diet, so that they were not responding like healthy young people. When a good food like peanuts was given them, it improved their diet and health, so that they had a more normal outlook on life.

U. D. Register, PhD
professor of nutrition

Future conductor

Our son, who is now in the academy, read in the September-October issue Charles Wear's story about the summer music festival. He hopes to someday be a conductor. Is there any chance of his studying under Herbert Blomstedt? Will Mr. Blomstedt be at La Sierra again?

Mrs. Edgar Fowler
Glendale, California

Editor: University Extension is currently negotiating for music education programs involving Mr. Blomstedt. SCOPE will carry plans when they are completed.

EDITOR'S BYLINE . . .

Last Sabbath, I sat on the floor. So did two or three dozen others. We were lucky. Scores didn't get in at all. If you want a seat in Dr. Jack Provonsha's Sabbath School class, you'd better be in A-level amphitheater in the new Medical Center half an hour early. I was only 20 minutes early last Sabbath.

The kind of intellectual-spiritual challenge experienced by Dr. Provonsha's students is suggested in *Medicine: A Secular Religion or a Context of Faith?* presented at a special School of Medicine Convocation this autumn.

Friends of Maxine Atteberry — and these must be legions — will not be surprised at her fresh, frank account of recent adventures in the Far East.

Old friends will recognize the peculiar blend of wit and hard-nosed reality that has made Miss Atteberry a powerhouse on several campuses. Her view of medical missions "over there" complements the more business-like treatment of the same subject in this issue's special feature.

A prime objective here in this place of learning is the nurturing of an attitude of inquiry. A university is not a cannery where requisite quantities of data are pushed into empty heads. It is more like a journey into fascinating lands where discovery, observations, and reflections add new dimensions to existing concepts.

But attitudes of inquiry are, of themselves, inadequate. Fact-finding has become a science — a science urgently needed to identify, define, and solve man's myriad problems.

Recently, scientific methods of inquiry have been focused on the church and its programs. Dr. Betty Stirling's survey on medical missions is an example.

Oliver L. Jacques

Provoking and stimulating

I express my appreciation for the most thought provoking and stimulating topics of discussion and reporting in SCOPE. I enjoy the varied and often unusual opinions expressed in the various methods used to convey the message. Thank you for presentation that gives one a feeling of original effort and not repeating established opinions so often we find, as further evidence for what we believe, but little expansion of our thinking.

Kenneth J. McGill, M.D.
Singapore

Disturber of religious peace

I'm not a little surprised to read in SCOPE that Dr. Landeen sees Martin Luther as the greatest disturber of religious peace in the 16th century. I had the impression that things were far from peaceful when Luther took his stand.

John Hanson
Easton, Wisconsin

Higher education

From where I sit, the Board of Higher Education is a good idea, though long overdue. The question is, will it work? Does it have any real power? I'm praying for Dr. Harder and others who are working to get our educational system on a realistic footing.

A. R. Roberts
Los Angeles, California

Changed opinion

I found Roy A. Anderson's report on the Jerusalem Conference stimulating, though I admit he has changed my opinion of Israel and of how it is being run.

Ralph Ferguson
Miami, Florida

Opinions expressed on this page do not necessarily express those of the editors or of Loma Linda University.

CHURCH LEADER CALLS FOR RESOLUTE PLANNING

In a speech to University Trustees recently, Neal C. Wilson, vice president of the General Conference for North America, observed "We live in an era of fluctuation and change. Stocks are fluctuating. Ideas and ideals are changing. The question is, can we with our distinctive principles and educational objectives survive? I am thankful," he said, "to be part of an enterprise that is destined to succeed." He quoted a 1902 letter written by Ellen G. White in which she said "God will try us to see whether He can trust us and see whether we can live without dishonoring Him."

ENROLLMENT CONTINUES CLIMB ON BOTH CAMPUSES

University enrollment has reached an all-time high. According to Vice President for Academic Affairs Robert E. Cleveland, a total of 3,560 students are registered, representing a gain of 353 over the previous year. Registration on the La Sierra campus is 1,860, with a gain of 150 over last year. Count on the Loma Linda campus is 1700, or 213 over enrollment a year ago. The above totals do not include students taking work through University Extension.

NEW SCENE FOR ALUMNI POSTGRADUATE CONVENTION

School of Medicine Alumni will break tradition by holding the 1972 Alumni Postgraduate Convention in the Century Plaza Hotel in Beverly Hills rather than in Los Angeles' Ambassador or Biltmore Hotels. According to APC Board Chairman Paul Deeb, MD, the March 28-30 Scientific Assembly will focus on "Acute and Urgent Problems in Medicine." A comprehensive range of refresher courses on the Loma Linda campus begins March 24.

WEEKS OF PRAYER EMPHASIZE PRACTICAL ASPECTS OF CHRISTIAN EXPERIENCE

In his student week of prayer meetings on the La Sierra campus, E. E. Cleveland of the General Conference Ministerial Association called on students to face up to life's spiritual realities. He emphasized that the relevancy of religious faith is a significant and timely subject for contemporary youth. Services on the Loma Linda campus were conducted by James Londis from the department of religion at Atlantic Union College. Among other things, Mr. Londis stated that forgiveness represents one of the church's greatest untapped spiritual resources.

ALFRED WALTERS HONORED AT UNIVERSITY MUSIC EVENT

Violinist Alfred Walters, professor of music, was honored at the Annual Music Faculty Concert last week on the La Sierra campus. While he was unable to perform because of illness, Mr. Walters listened to the concert, which featured the department's faculty. Mr. Walters, who is widely known through his recordings and as concertmaster of the Riverside Symphony, has performed in each of the annual concerts for the past 24 years.

EDUCATORS FROM MIDDLE EAST JOIN FACULTY

Kenneth L. Vine, PhD, former president of Middle East College, and Anees Haddad, PhD, former church leader in the Middle East, have joined the University teaching staff. Dr. Vine is professor of Old Testament and archaeology. His archaeological experience includes work at Biblical Ai, Heshbon and Dolmens in Jordan. Dr. Haddad will teach in the department of sociology and anthropology. He recently completed a dissertation on the effects of generation, religion and sex on the relationship of family solidarity and mental health in Lebanon.

FAMILY PRACTICE PROGRAM WINS ACCREDITATION

The newly organized department of family practice has been approved for accreditation by the American Medical Association. According to Raymond O. West, MD, chairman of the department, the accreditation qualifies residents completing the three-year program to write examinations for the American Board of Family Physicians.

LIBRARY BUILDING AT LA SIERRA GETS GREEN LIGHT

University Trustees voted last week to proceed with construction of the new library on the La Sierra campus, thus ending a halt authorized by the Trustees in September. This year's high student enrollment is cited as a major factor in the decision.

Pictured from top to bottom: Neal C. Wilson, Paul Deeb, E. E. Cleveland, and Alfred Walters.



PACE



GOVERNOR LAUDS
RELIGIOUS EMPHASIS
HERE



UNIVERSITY AIDS
EAST AFRICAN NATION



MISSION ROLE OF
NATIONALS INCREASES



DR. MACPHERSON HONORED

ARCHITECTS BEGIN
CAMPUS MASTER PLAN
AT LOMA LINDA

DR. BRANSON WRITING
ON JOY

NOTED EVANGELICAL TO
SPEAK HERE

TRUSTEE RECOGNIZED
FOR COMMUNITY SERVICE

Lost in the news reporting the recent visit of President Nixon to the Loma Linda campus were some introductory remarks by Governor Ronald Reagan. Among other things he said, "Here in California we have been trying to take action and are looking forward to a day when government can cooperate with private education, with institutions like this one, to help us meet the shortage of doctors in our state. And I'm delighted that it can be so typically American as this occasion is--that we will have the cooperation of the private sector and of government, and that it can be here in the atmosphere of an educational institution where God has not been expelled from the classroom, because God and country, as well as government and the private sector, have much to do together. No one can do it alone."

Mr. H. Wendell Mounce and James Taylor of Heitschmidt/Mounce Associates met with the Dean's Council recently to ascertain expansion needs on the Loma Linda campus. Representatives from the various schools will provide growth and utilization projections for inclusion in the comprehensive campus master plan to be developed.

Loma Linda University Extension is offering a course in scientific vegetable production at Morogoro, Tanzania. Instructors for the course include Jacob R. Mittleider and Edward H. Henken, a 1971 graduate of the College of Arts and Sciences. The program is the first offered by University Extension in Africa, according to Vernon H. Koenig, EdD, dean of the University Extension and Summer Session.

In a lecture for division of religion staff members last week, Roy E. Branson, PhD, assistant professor of Christian Ethics, discussed the role of joy in religious experience. Dr. Branson said that joy comes only when one has experienced an awareness of God's grace. Dr. Branson is on a study-leave from the Seventh-day Adventist Seminary at Andrews University.

Dr. Carl F. Henry, well-known theologian, author, and former editor of CHRISTIANITY TODAY, has agreed to speak at the 1972 William G. Wirth lecture January 9 on the Loma Linda campus, according to Dr. Jack W. Provonsha, acting chairman of the division of religion. The lectureship is founded by Dr. Wirth, former professor of religion at the University, and is designed to bring outstanding speakers in the evangelical tradition to University campuses.

According to William Wagner, MD, the associate secretary of the General Conference department of health, more overseas medical missionary posts are being filled by nationals. He reports that unfilled requests for American physicians now total 25, approximately half the number in demand a year ago. He states that while Loma Linda University remains the principal training center for medical workers, only one in four physicians now on missions are alumni of the University.

Anita J. Mackey, a University trustee, was recently presented a distinguished service award by the Council on Social Services in Santa Barbara. Mrs. Mackey, who is a social worker in charge of social services at the Santa Barbara office of the Veterans Administration, was honored for her "outstanding contribution to the city, to community activities beyond her assignment, and to the Council and its concerns."

University Trustees voted favorably on a President's Committee recommendation naming the lobby level amphitheater in the University Medical Center for Dr. Walter E. Macpherson. Dr. Macpherson, who is designated University Alumnus of the Year, has served in teaching and administrative posts in the School of Medicine since 1925. He is also a past president of the University.

Pictured from top to bottom: Ronald Reagan, Roy E. Branson, Anita J. Mackey, and Walter E. Macpherson.

EDITORIALS

IMPLICATIONS OF NEW VA HOSPITAL

Now that the Veterans Administration has decided to build an acute care facility west of the University's medical center, we should pause to consider some major implications.

First, it should be clear that VA medical officers have no thought of developing a competing hospital in the area. While their primary objective is to provide optimum care for veterans, they hope to achieve this by extending patient care capabilities of the University medical center. Architecturally as well as geographically, the proposed hospital will assume an auxiliary rather than a dominant position. These men repeatedly insist that it is their desire that the new unit reflect the character and personality of the University.

Though this is probably not completely possible, it is agreed that the University, through the Dean's Committee, will carry major responsibility for professional services. This calls for wise planning and administrative liaison of the highest type. Mutually beneficial relationships will be developed and maintained essentially through ongoing man-to-man understandings and negotiations. University administrators must, therefore, be able to comprehend and effectively communicate distinctive principles and values in language understandable to those who have not grown up and worked within the context of the church's health mission. The success of a combined effort to give superior care to veterans while strengthening the University's educational programs will depend more on what we are than on what we may profess to be.

Persistent and honest pursuit of objectives suggested above should lead to self-evaluation and a fresh look at traditional Adventist concepts. This kind of renewal is always healthy. Values that are not re-evaluated soon die.

Some have expressed the fear that the University and the community will never be the same again. This is true. Things certainly are not what they were five or ten years ago. The status quo has never represented our goal. Influence is irrevocably linked to movement.

From a humanitarian as well as Christian standpoint, the opportunity to meet authentic human need is profoundly significant. Ideas of brotherhood and our reverence for life will take on new meaning as their application is extended to those who have served in the defense of their nation.

Educational considerations demand comprehension. While the University's educational capability has grown, it has not kept pace with the growth of the church — much less with the expansion of the church's world mission. The State of California is currently losing more physicians through death and retirement than it is educating. Each year, scores of dedicated qualified youth are denied a professional education here simply because University schools cannot accommodate them. The major bottleneck is in the areas of clinical training. A VA hospital, operated as part of the University medical center, will break this bottleneck and open doors of meaningful service to many who would otherwise go through life unfulfilled.

Those who resist affiliation as a matter of principle might well reflect on the fact that our professional schools have, from their

inception, depended on affiliate institutions for a significant proportion of their clinical training program. Most church-owned hospitals rely heavily on the services of professional staff members who are not members of the church. A nearby affiliate hospital operated as an extension of the medical center will facilitate a more satisfactory quality of control by University educators than might be experienced in hospitals in other cities.

Hundreds of thousands of veterans are looking to Loma Linda to provide higher standards of patient care. Millions of Californians follow progress reports with interest or concern.

Our ability to fulfill these expectations and hopes will depend largely on our resolve to reflect and demonstrate the power of God's love, wisdom, and goodness in all endeavors relating to this project.

A VIEW OF MEDICAL MISSIONS

The church's medical evangelism programs throughout the world have, through the years, represented not only a major asset in creating a favorable church image. These activities, ranging from modest dispensaries to sophisticated hospitals and educational centers, comprise a deeply significant ministry to men's bodies and souls.

Findings reported in Dr. Betty Stirling's survey on Seventh-day Adventist medical missions indicate that we have not always kept pace with rapidly changing times and cultures. This is especially true in nations currently breaking away from primitive or colonial social patterns.

In her survey, Dr. Stirling calls attention to problems in administration and human relations. Some of these problems have existed for years. They deserve attention from the church's leaders and professional people.

Common objectives, based largely on the church's spiritual goals, tend to hold things together and cause workers to endure conditions that might otherwise be intolerable. The existence of this transcendent motivation should not, however, be considered a substitute for wise planning and good management.

That there should be problems and areas of misunderstanding in a mission as complex and diversified as the church's world medical program is not surprising. What is remarkable is that a healing ministry has been carried on effectively in many nations at relatively modest cost in spite of organizational and individual human deficiencies.

LOOK IN THE SHADOWS

Can a man be thankful for the shadows that enter his life? Even when the soul of man is at ease and resting, the ease is not complete or perfect. There are shadows. There is death. There is fear and sorrow. When one finds opportunity to look within the shadows, there in the texture of the darkness God may lead a man to know the one called Jesus. And then, even in the shadows of life, there may be motivation for thanksgiving.

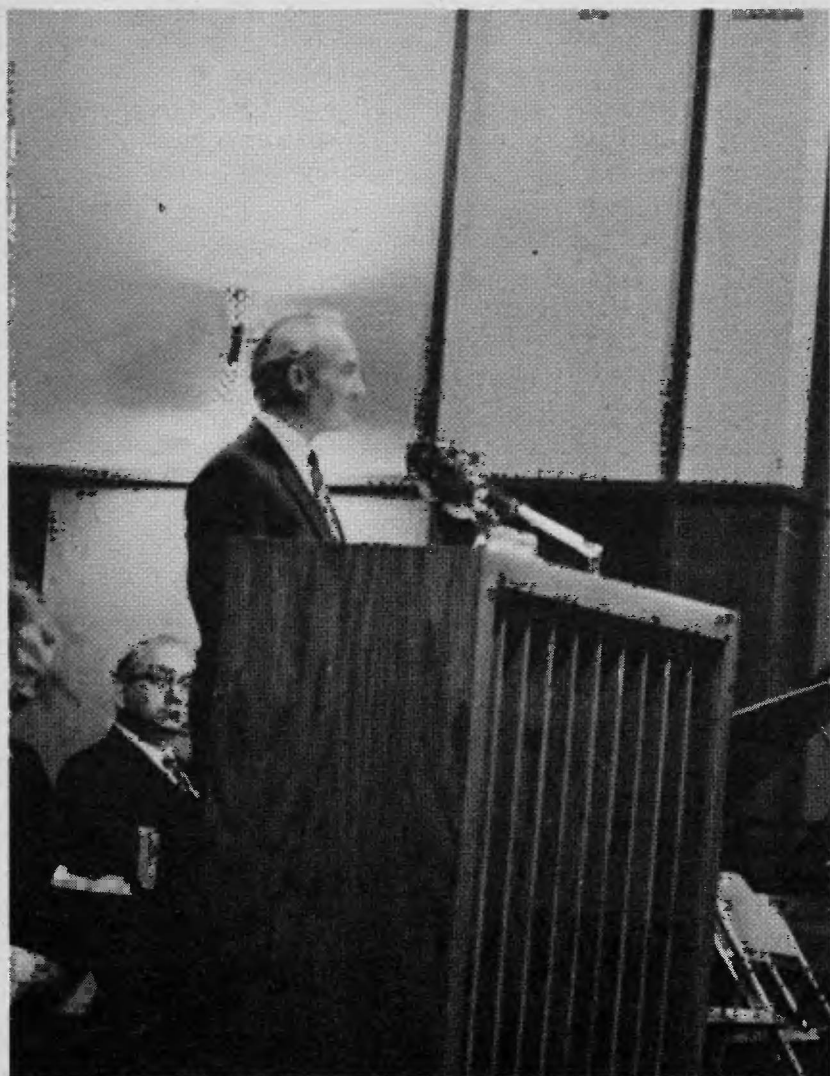


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A theologian, who is also a practicing physician, speaks of medicine and religion at the 1971 School of Medicine Convocation.

There are enough similarities between the profession of medicine and organized religion to cause one prominent social theorist to write about medicine as a "religion." In his view you incoming students are about to be initiated into the "sacred mysteries" of a kind of religious faith, although I am certain you haven't thought of it in quite those terms. The point was not made in jest — nor is it to be taken lightly.

Observe some of these similarities. (When I speak of religion in what follows I do so pragmatically. I am not referring to an ideal religion or necessarily even to a good one, but to religion as we find it in the world — good and bad religion alike — and religions are frequently a mixture.)

First, almost by definition, a religion, if it is viable is likely to be totalistic in its demands. It encompasses and permeates the whole of a man's life. It is not something one assumes for a certain period of the day or week, or reserves for special occasions. Such religion provides an undercurrent of awareness conditioning the whole of one's waking hours — and sometimes considerable of one's sleeping hours as well. (I am aware, of course, that individual adherents may find their commitments somewhat less than

all-encompassing. The Christian who is baptized as an infant, shows up at Easter and perhaps at Christmas time (if he isn't too intoxicated), who anticipates supreme unction at the end, and considers himself a lifetime member of his church, is not what

medicine is a 'way of life' involving its total life style

I have in mind). Similarly, medicine, to a committed doctor is a "way of life" involving its own total life style. One becomes a doctor. One does not "do doctoring" in the way that one may work at a trade or on an assembly line during the day and retire at five o'clock to a quite different kind of life. After we have finished with you here, you will think medicine, you will eat, drink, talk, work, play, socialize, even sleep as doctors. You will be different from other people, in your eyes and theirs. You will be "set apart" — separate. Watch the behavior of doctors at a social gathering, how they tend to draw off clannishly by themselves, and what they talk about, even the special kind of humor that is the doctors' social hallmark. Quite frankly, nonmedical people often feel "left out" and uncomfortable in the presence of a group of "socializing" doctors. They seem a peculiar breed in a number of ways — a special class. I've heard women remark, for example, "Oh, he's a doctor." Women

MEDICINE --

A SECULAR RELIGION OR A CONTEXT OF FAITH?

by Jack W. Provonsha

often think nothing of "invasions of privacy" by their physician that would be unthinkable in anyone else, because he's different.

They are also alike in their ethnocentrism. A pervasive sense of exclusive "in groupness" is almost always present in a strong religion. It may tend to play down expressions like infidel, unbeliever, "insiders" and "outsiders" at a later stage of its development, but the feeling of being on the inside is always close to the surface, even if terms describing it are withheld for reasons of courtesy or diplomacy.

'insider' feeling supported by vocabulary

This insider feeling is supported by a number of factors including the vocabulary of the group. It is as though members are saying "he is one of us because he talks like us." Special vocabulary is an essential feature of groups of whatever sort, of course. (The peculiar language of the contemporary youth subculture is as much a group identity creating mechanism as is the dress and life style.)

Some religions have survived almost entirely on their language. The sermons preached, the literature of such a religion, will often display a phenomenal amount of familiar (and therefore comforting) words and clichés which have little other essential meaning or value. They simply serve to re-

inforce a "sense of belonging" by activating well-worn receptor responses. If average members were asked to interpret exactly what the familiar phrase meant a surprising number would be unable to do better than respond with other well-worn phrases, equally meaningless. The resistance of many Roman Catholics to mass in the vernacular is a case in point. The creative and innovative religious thinker is met with suspicion and distrust mainly because of his unfamiliar use of language. The language of a religion is an important factor in its maintenance of group identity.

The vocabulary of medicine is, of course,

using vocabulary 'the way it's said by doctors' will secure your place on the 'inside'

obvious. It forms a large part of what you are going to be learning the next four years. Much of the material could be expressed in other terms, often in even more understandable terms at least to nonmedical laymen, but this is "the way it's said" by doctors and the sooner you learn the jargon the more secure will be your place on the "inside."

Another aspect of organized religion that contributes to the sense of being a member of the ingroup is his access to privileged information. "To them are committed the mysteries." They are "in the know." This may take a number of forms all the way from a peculiar feeling that one knows what's going on in the world and in the universe, "the great controversy between good and evil," the mysterious symbolic prophecies of the Scriptures, the "plan" of redemption, etc., to familiarity with more or less elaborate rituals, even the "hidden" language of the cultus, as in the Latin mass, all of which may seem strange and mysterious to "out-

siders." It may even involve secret practices and information to which only a certain class of initiates is privy as in the ancient mystery religions or that of contemporary Latter-day Saints. Try entering a Mormon temple as a "Gentile" or even finding out the details of what transpires inside. Of such things are viable religions made.

Medicine's mysteries range from the usual jargon of medicine to elaborate scientific techniques and gadgetry, all of which are awesome enough to the uninitiated. But there are also privileges not available to others. Access to communications, to charts and patient records containing information even patients themselves may not know. The privilege of going places and seeing things denied to almost everyone else, the operating theater, examination rooms, access to the most private recesses of minds and bodies. Nothing is apparently sacred. Add to this the requirement of safeguarding this privileged information from "outsiders" and you have something not unlike that on which religion has often thrived. In the past, before medicine became scientific, it even employ-

'Secret' or 'sacred' language

ed a "secret" or "sacred" language for its prescriptions. It may be that our predecessors wrote their prescription in Latin because they were so often ineffectual and thus more related to magic than to medicine. Even today "Shamanism" is never very far away.

In some cases this possession of the mysteries serves less than the holy motives and needs of the individuals involved, just as sometimes occurs in religion. The almost Godlike power granted the initiated over the uninitiated in medicine can be enormous.

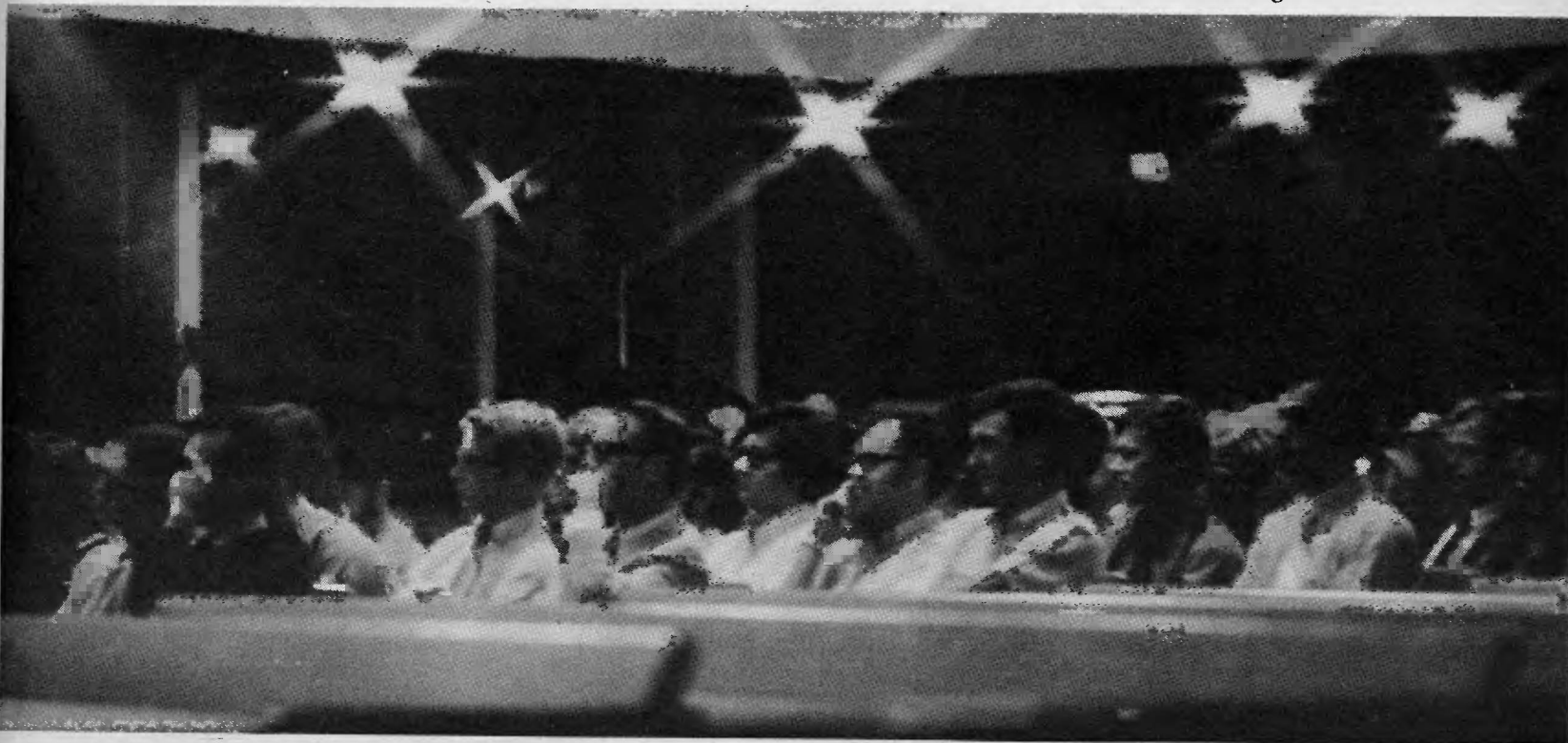
And it is not a very big step from "playing God," as doctors often must as they deal with matters of life and death, to developing illusions about being God. The notion of God's vicar on earth is by no means con-

it is not easy to play God humbly

finer to organized religion. And it is not easy to play God humbly. Of course omnipotence is always a tempting illusion in both religion and medicine, perhaps even more so in the latter since physicians are now likely to wield more personal power over the lives of their patients than clerics usually dream of.

The methods by which the in-group perpetuates itself are also similar. Traditionally, organized religion has maintained its structure by a system of rewards and punishments and various other sanctions by which the members' loyalty and conformity was guaranteed, and by means of which those in the higher echelons of authority, the hierarchy, could maintain their positions of dominance.

One of the most effectual of these is what might be called the power to dispense existence. In authoritarian religion the sacraments have often served this purpose. Individual members could be deprived of the sacraments if they did not conform. Excommunication with its implications for the present and future has always been a terrifying possibility. Imagine what it might mean to be deprived of supreme unction if you believe it to be necessary? And power of the higher over the lower clergy in well organized religion has nearly always been very great. In my own church the threat of the loss of ministerial credential is the threat of a loss of meaningful existence.



Such power has often been exercised in the context of orthodoxy-heterodoxy formulations. Preservation of the institutional structure has been one of the most important motivations in the establishment of fixed religious creeds. These along with their doctrinal elaboration, have often served as a check on innovation and individual independence of thought and action. Novel notions in medicine are also established with very great difficulty as the history of medicine has shown.

Orthodoxy and heterodoxy in medicine are well established principles. In medicine one soon learns to disassociate oneself from "irregulars" in much the same way that one traditionally kept himself free from heretics in religion.

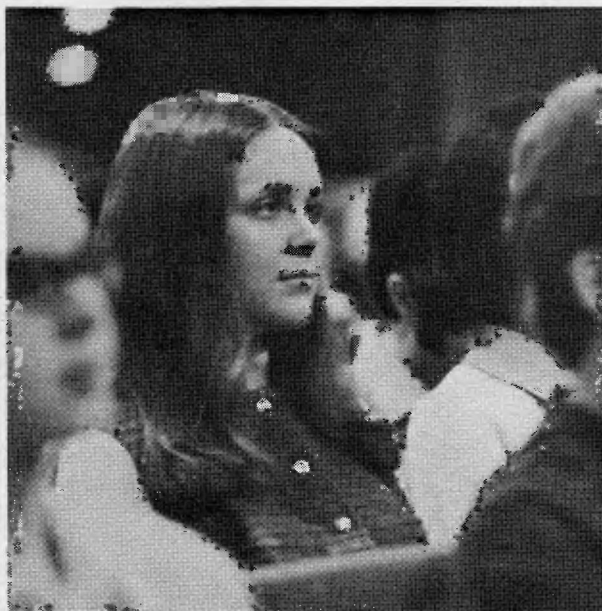
As to sanctions heterodoxy in medicine is treated in ways not dissimilar to heterodoxy in religion. Again, existence may be dispensed or denied. Try obtaining staff privileges at your local hospital if you fail to conform. That denial can do interesting things to your practice. The right to practice at all may be placed in jeopardy if disconformity with the ethics of the group is extreme.

The trappings of medicine and organized religion are also often similar or at least analogous — temples, saints, initiation rites, priestly vestments, and badges of office. Probably most of you have never thought of

white coats and stethoscopes in same category as clerical collars and crucifixes

white coats and dangling stethoscopes in the same category as clerical collars and crucifixes, but they can serve similar identity functions both for the wearers and for observers. The vision of the Monseigneur at the mass surrounded by scurrying assistants, acolytes and altar boys bear a striking resemblance to "the chief" and his residents, interns, and medical students making hospital rounds. I've never been an altar boy but I can easily imagine that his feelings in relation to the others in the group are not unlike that of the lowly medical student on rounds. The status "totem pole" is as present in one as in the other.

There are similar humanitarian ideals and services operative in each, including similar motivations and attitudes on the part of the participants. A variety of motivations lie behind the humanitarian services of religious people. Some of them selfless and based on genuine compassion and empathy. However, what appears to be self-sacrifice may also sometimes have hidden roots in unresolved guilts and self-disesteem on the part of either clergy or physician and becomes thus a kind of penance which may in fact be covert self-serving. But there is also more patent self-serving even if de-



scribed in long range terms. A pleasure-pain principle that looks to ultimate rewards is still hedonistic if that is solely what actuates service. But there can be immediate self-serving too. The personal rewards that come from playing the patronizing, beneficent father are considerable, as are those based on the status of such a person in a community. It is not unpleasant to have shopkeepers, service station attendants and others scurry around giving one this and that special consideration. Clerical garb or insignia

the title 'doctor' can open all kinds of pleasant doors

and the title "doctor" can open all kinds of pleasant doors, social and otherwise, especially if those mark of rank indicate something equivalent to "great humanitarian." Unfortunately in a society where both medicine and organized religion have lost some of their traditional luster, such marks can produce unpleasant, negative responses as well. Increasingly "doctor" means "somebody who is getting rich from the high fees he charges. Soak him if you can."

Older, established religions having had time to develop social pluralism (new religions tend to arise from a single social base thus most of their members are more alike in their social backgrounds, interests, and attitudes than they will be later on) tend to develop a variety of niches for differing personalities, needs, and attitudes. The religious orders of Catholicism are good examples. Medicine has developed a similar variety of expressions of individual difference in the specialties which roughly correspond to the religious orders. It is well-documented that the medical specialty one chooses is not likely to be purely accidental. It is rather related to individual personality traits and need-fulfillment. Certain types of people tend to become surgeons, psychiatrists, pediatricians, pathologists, and the like. These "orders" tend to develop their own "in-group" perspective within the larger whole, with their own discipline, patterns of conduct, sense of identity, etc., just as do the religious subgroups.

There are other similarities that could be mentioned but the above are probably sufficient to illustrate the point.

That such similarity should be observable is not really so surprising. There is, after all, a certain continuity and commonality in human experience. Given two totally encompassing ways of life one would expect them to roughly correspond to each other, if for no other reason than that they are all encompassing and because human beings have so much in common with each other.

There is one possible difference, however, and this is the main point of our discussion. The essence of a religion, whether it be of the traditional sort or something like

medicine is not found in its structure or superficial trappings but rather in its center. If medicine as described is a religion it may be only a secular religion, that is, one with a center that does not transcend itself and secular concerns. Which in fact finally means that it centers on the techniques and values of the profession itself or on the doctor. Its goals and interests are thus human interests and can carry its believers no higher than common humanity. And much that is wrong with modern medicine derives from this fact. Something that can also be said for some organized religion, by the way.

But is it a virtual truism to say that a man achieves his full potential only when he centers on something or someone higher than himself.

Medicine as a secular religion can fulfill many of the requirements of religion in terms of need fulfillment and thus may actually substitute for or compete with religion in the usual sense of the word. Many doctors have made it such a substitute — even some who should have known better. Some of you will perhaps attempt to find in humanistic medicine so total a way of life.

But I warn you that such a commitment

religion is what concerns one ultimately

is to life with an uncertain center. Religion was defined by the late Paul Tillich as what concerns one ultimately. And he was correct. But what should be added is that true religion is defined by ones being ultimately concerned about what is truly ultimate. To give ultimate concern to what is penultimate is the essence of idolatry. On this ground medicine as a purely secular faith is but another idolatry. The difference between true faith and an idolatrous counterfeit, I repeat, lies in what occupies the center. What or who is it that is given the position of ultimacy.

The great Russian writer Turgenev once received a letter from a friend stating that he had found the great answer to life was to put oneself in second place. Turgenev replied, "The great question of life is what to put in first place." Ultimate concern for the less than the ultimate is always idolatry. True religion is to be ultimately concerned for what is truly ultimate.

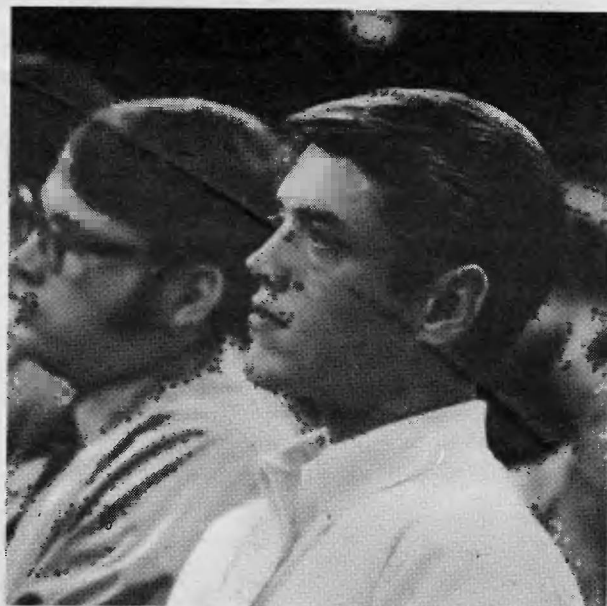
As a doctor I am gratified rather than perplexed to discover that there is so much about medicine that is like religion. It thus comes as a structure ready made. All that is needed is that it be provided a proper center to solve its inner predicaments and to transform it into a true religious faith, and thus enable it to serve effectively what God is trying to do in the world — the redemption of the fallen, "To heal the brokenhearted, to preach deliverance to the captives, and the recovering of sight to the blind, to set at liberty them that are bruised." Luke 4:18.

I would invite you new students "into the faith." We're glad you're here. But I would also invite you to discover in your chosen way of life a genuine occasion of faith by rallying your profession around its rightful center from the very beginning.

the center makes the difference

The center makes a very great difference. A few years ago I accompanied a group of medical students into the mountains of Chiapas State in Southern Mexico where we were to spend a number of days traveling on foot and muleback visiting remote Chamula Indian villages. Before beginning our trek we observed a government-operated public health center where for years the state had been trying to improve the Indians' living habits, teach them how to avoid intestinal parasite, improve their diets, etc., with but little success. The customary response was, "Our ancestors lived as we do. We've always lived in this manner. Why should we change?" And they didn't. Later, after many days of very difficult travel, we arrived at a distant Chamula village composed entirely of Seventh-day Adventist Christians. These people had established their own village after having suffered persecution by the inhabitants of a larger nearby community. The differences were striking! The villagers, even their livestock, looked remarkably healthier than those we had seen elsewhere. And not only had they adopted better hygiene but they were eager to learn more. The "center" made the difference.

Elder Hamel, formerly president of the Pakistan Union, recently told me of a conversation with a Muslim in West Pakistan. The Muslim was comparing his religion with that of Seventh-day Adventist Christians and was remarking how similar they were in many, at least superficial, aspects. "Since they are so much alike," he said, "what difference does it make whether one is a member of one or the other?" Elder Hamel, observing that there were two automobiles parked nearby that were identical as to make and model pointed to them and asked which of the two the Muslim would prefer to drive. The reply was that he couldn't see that it would make much difference. "But what if only one of them had gasoline in its tank?" It was not a very sophisticated illustration though probably adequate for the situation, but something like that is true of the matter at hand. Whether or not you achieve your highest potentials as human beings or as physicians is ultimately going to depend on whether your new-found way of life is essentially and idolatrous, secular religion or is in fact the occasion of genuine faith. What, or better *who* you place at the center will make the difference.



WEST MEETS EAST

by Maxine Atteberry



A former dean of the School of Nursing identifies professional and cultural pitfalls awaiting medical missionaries in the Orient. Miss Atteberry is currently a professor of nursing at the University.

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The dean of the school of nursing was getting old. White hair had already largely replaced the black. Burdens of office rested ever more heavily on her shoulders. Obviously the time to retire was approaching. "Better do it now," she thought, "while they are still happy to have me stay."

Shortly thereafter a letter of resignation appeared on the president's desk. Resulting pressure to extend her term of service for one more year served to convince the dean that the purchase of the rocking chair and knitting needles could safely be postponed. Of deaning she had had enough, but she agreed to stay a few more months. "T-Day" (T for Termination, Takeoff, or Thanksgiving) was rescheduled.

Then began the hectic struggle to accomplish all those "last things" that follow a decision to resign. Among those things that must be done during this last year was planning acceptable activity beyond T-Day. Employment there must be to maintain sanity. Employment removed from the scene of her deanship also must be, for a time at least. Where does a second-hand, badly used dean go for a job? There was no answer in the Yellow Pages.

A small, blue overseas air letter settled the question. In it was an invitation to be the nurse consultant for the 20 hospitals and 9 schools of nursing belonging to the Seventh-day Adventist Church in the Far East. These 29 institutions are located here and there over

a vast stretch of water and land. They are found in Japan, Korea, Okinawa, Taipei, Hong Kong, Thailand, Philippines, Malaysia, Singapore, Indonesia, and Vietnam. It is a large territory and a large assignment, guaranteed to furnish enough challenge and variety to fill the vacuum created by the relinquishment of the deanship. It was far enough removed to sever cleanly and completely all ties to the dean's office and its problems. It was also guaranteed to prevent that soul-destroying affliction of so many of the aging, that of living in the past.

Orient bound

And so it was decided.

The "last" things increased in number — orient the new dean, complete the record of a 13-year term of office, disengage oneself from various extracurricular commitments, make proper disposal of personal affairs, buy, sell, give away, destroy, pack, unpack, rearrange, add, subtract, repack. The list was endless and awesome.

The days tick off one by one. At times they were jet-propelled, and tension mounted with the constant addition of things-to-be-done to the pile of things-not-yet-completed. Other times the days were endless, and the dean felt condemned forever to the treadmill of finishing but never getting done.

Eventually the "last" things were all shoved under the rug and forgotten or completed and done. The last bags were packed, the last farewell party attended, the last bon voyage gift squeezed into space that wasn't even there, and the ex-dean found herself on a west-bound freighter pulling out through the Golden Gate.

There have followed many full, interesting, challenging months. Once around the territory with brief orientation stops at each one of the institutions consumed some weeks of time. Separated by political barriers, geography, language, culture, and religious environment, these 20 hospitals and 9 schools of nursing presented the ex-dean-turned-consultant (EDTC) with a portfolio of unanswerable questions and unsolvable problems. Each institution had its own set, different from the others. Even those with a common national government were diverse, one from the other, in aspects of size, location, presence or absence of overseas personnel, economic status, patronage, and many other factors. No one list of needs and problems, but 29 separate collections of frustrations were waiting for consultant service.

In addition to the institutions in her sphere of responsibility, the EDTC, whenever possible, visited other hospitals and schools as a basis for comparison and to gain a better understanding of regional health care standards and objectives. Sharing mutual problems proved a good recipe for instant friendship.

Reaching hospital goals

She found that there are many different ways of reaching the universal goal of hospitals and that cultural patterns influence nursing procedures.

In one country, for example mothers may nurse their babies up to two years, or until the next one comes along; while across the border in another country the newborn baby is almost immediately turned over to the amah (servant) or a grandmother, who takes complete care of the child. Mothers of several children have been heard to boast of never having fed, changed, or bathed their babies.

One hospital found the formula room rarely used; another hospital in which this facility was omitted in the planning, was now walling off one end of the corridor to provide space for making and sterilizing formulas.

Some hospitals find a great demand for air-conditioned rooms, but in another, where the weather is equally hot, the few air-conditioners they do have are largely unused. Patients there just don't like them.

Then there is the oriental institution known as "watchers." These are the relatives and friends of patients who come and stay to share the pain and tribulations of hospitalization. This is not uniformly

practiced, but it is common in many countries and reflects the closeness of family ties and the concern of all for the one who is ill.

In a recent request for topics to be discussed at a hospital meeting one submitted was, "How to Keep Watchers from Sleeping with Patients." And that topic was not at all out of line. In an early hospital visit, the EDTC was shocked to find two heads reposing on the one pillow on the hospital bed. She still does not find it easy to accept, but it is no longer shocking. Sometimes a mother is found in the crib with her child when no provision was made for her to sleep alongside it. These tiny, supple oriental women find no difficulty in curling up comfortably in a very small space. One unfortunate watcher found himself on the receiving end of an injection when his buddy, the patient, had gone on a brief but necessary journey and left him alone in the bed. Identification bands have been recommended.

Now, who is to say the watcher is not an important element in the recovery of patients? Certainly the isolation suffered by many patients in many U.S. hospitals is not a factor here. Mothers continue to cuddle and care for their hospitalized child the same as at home. Son or daughter cherishes the ill parent during his or her hospitalization.

When one astute matron was asked how she controlled the watcher problem in her hospital, she replied, "Oh, I don't. I learned long ago that some things cannot be changed. Since I knew I couldn't lick 'em, I joined 'em. We try to get their cooperation and in many instances have found them an asset. However, we do limit them to one per patient except in terminal cases."

Overseas nursing

Nurses' residences are very common in the orient. Individual apartments or homes seem to be unusual for the unmarried nurse. Large dormitory sleeping rooms for students are the rule in many countries, while in other places the legal limit for student housing is two per room. Nurses' uniforms are similar to the ones seen in the States, but one does find refreshing variations. In one institution, the matron of the hospital wears a bright blue uniform, the tutors (teachers) are in kelly green, but the students all wear white with colored shoulder clips to indicate their class rank. Staff nurses dress in white with a colored belt.

Nursing education in the orient is almost as varied as the cultures of the people in this vast territory. In the long established nations, the education of nurses compares favorably with that of the western world. Some of the younger, emerging countries are handicapped by lack of nursing books and journals in their own languages and by a shortage of national nurses prepared for teaching and administration. Students must learn English when they have no professional literature of their own. Their willingness to struggle over the meaning of every sentence, sometimes every word, in an assignment is the measure of their determination to get an education. It sometimes takes them more than an hour to translate a single page satisfactorily, but they keep at it.

Overseas nurse teachers frequently find it necessary to conduct classes in English though they speak the national language, for it is not uncommon to have students from two or more language areas in a class. When students and teacher are both newly arrived, instruction must be given through an interpreter. Then it takes twice the time to cover a given amount of material, and there is always the risk that information will be altered in the translation. This is an especial danger if the go-between is not medically educated.

American idioms

American idioms are always booby traps for the unwary teacher. One teacher remarked that a certain terminally ill patient was "on his way out" and found later that the student had got the word that this critically ill man was to be dismissed from the hospital. When the EDTC tried to describe the activities of a hotel "bellhop" in a lecture, everything ground to a stop to search for a comparable word that would have meaning to the nervous, inexperienced interpreter — "bellboy," no better; "redcap," worse; "porter," still no luck; "or-

derly," what is that? Finally everyone was satisfied with "male helper," and the talk proceeded, but the point had been long since lost. One learns to weigh carefully his selection of words when talking through an interpreter.

Differences in culture

Of the many differences in culture that have no direct relation to nursing, leaving one's shoes at the door on entering a home will serve to underline the difference between the West and East. Never will be forgotten the public health lecture the EDTC received from a four-year-old on an occasion when shoes were left on because of the difficulty of getting damp, swollen feet back into footgear.

Looking sternly at the offending feet, scandalously wearing shoes in her mother's house, she asked, "Why don't you take your shoes off?" "Oh, dear! How careless of me. Isn't that too bad?"

"Yes. It is the custom of this country to take your shoes off when you go into a house. People walk on the street and they step on TV (tb) germs, and then they walk in the house and babies crawl around on the floor in it. You ought to take your shoes off."

The shoes came off.

Shoes also came off and rested in the vestibule of a Korean church, but when called to the pulpit to make a brief speech with a brazen big toe sticking out of a hole in her hose, the EDTC found maintaining any poise and dignity more than a little bit difficult.

There is much of beauty in the orient, like the manicured gardens of the Japanese, or the rugged grandeur of Taiwan, or the green rice paddies of Indonesia. What could be more beautiful than a sunset reflection in Manila Bay or a Singapore sky after a shower? Where in the world is there a storybook palace to compare with the official residence of Thailand's king? Yes the orient is beautiful and interesting, but the greatest attraction of all is its people — gracious, friendly, helpful people. Here are people who will go to great lengths to prepare western-style food and "cooked" water for a fussy American. These are people who will stop whatever they are doing and take time to show one the way when language barriers prevent telling. You also will find people with a fierce national pride who want the visitor or tourist to take away with him pictures of what is good and beautiful in their country. They consider their slums and beggars no more typical of their nation than they are of America.

Orphan Village

To the EDTC the oriental respect for age and gray hair is particularly appealing. New nurses in America have not had the honor of having a patient get clean out of bed when they entered the room, but this did happen in the orient. And at the Vietnamese Orphan Village the little shaved-headed boys (or were they girls?) paused in their trip across the campus to put their palms together under their chins and very solemnly bow their heads to the grayhaired visitor.

It is in this Orphan Village that one of the landmarks is a life-size picture of Christ shaking hands with Buddha. It was here also that we saw a Buddhist student of nursing enthusiastically clapping her hands to keep time as she led a group of Vietnamese orphans in singing Christian hymns. The music was lusty and loud and made up in volume what it may have lacked in harmony. In more ways than one, West is meeting East.

That Orphan Village has between 1,800 and 2,000 parentless or abandoned children ranging in age from infancy to 14 years. The children take care of themselves and the babies under the direction of a few priests and nuns. Their surroundings are crude in the extreme. Beds are rough wooden benches, lined up side by side with no mat and not a scrap of bed linen visible anywhere. The babies' cribs are the same except that they have a wooden railing fastened around each to keep the occupants from falling out. The cribs also boast a clean woven plastic mat for bedding. Two infants per crib are common, but the babies are clean and dry. Ragged sometimes, but there are no signs of malnutrition. An abundance of soy bean milk made in the village is part of the answer. The EDTC ached with the desire

to see all that rich, pediatric clinical teaching material being used by some school of nursing.

In Korea, but especially in Vietnam, the American GI is part of the national scene. On one visit in Vietnam, the EDTC and a young nurse companion were in a much abused mission pick-up truck hurrying to meet an appointment some miles outside Saigon. When about two thirds of the distance had been covered, the worn old pick-up coughed a last weary breath and died. And two American women could have been stranded, but good! No telephone, no bus service, no auto club to call, but there were GI's. Two in a jeep pulled up almost before the truck had stopped kicking. They began the tinkering process common to all men with a stalled vehicle. They were soon joined by reinforcements in an Army truck with more ideas in auto mechanics. While this problem in logistics was being solved, the EDTC moved to the rear of the Army truck to get the benefit of its shade. Several minutes later she noticed the face of another GI studying her from under the canvas top of the truck.

"Well, hi! I didn't know anyone was in there. Why didn't you something?"

"Ma'am," came the drawled reply, "It's been so long since I've seen an American woman like you I was just plumb speechless."

The mission truck was finally pronounced DOA — tentative cause, pending autopsy, congestive failure of the transmission with complications of the clutch. It sounded terribly ominous, but the Army was in charge and all was well. The precious remains of the dead truck was pushed inside the barbed wire entanglement, protecting a nearby U.S. radar station, to be towed home later. The two nurses were taken to the radar station and kept in "protective custody" pending the location of someone going into Saigon. Two hours later an obliging Army chaplain relieved the GI's of further responsibility. That chapter was finished, but in the minds of two stranded women, the American GI is undeniably an asset to nurses, if not to nursing.

A tragic vacuum

After months of looking, listening, and asking questions, the EDTC has collected a formidable list of problems of hospitals and schools in the Far East. Most of them are problems which are common to hospitals, nurses, and nursing in the States and could be classified under personnel needs, difficulties in inter-personal relationships, and fiscal problems. These do not vary much around the world. But here in the orient there is one difficulty which is not generally found in the U.S., namely the "brain drain." Far too many of the nurses needed for leadership have left their own countries for greener pastures overseas. Far too many more qualified national nurses are now casting longing eyes toward America and will be leaving as soon as they have the necessary documents in hand. Their going will leave a tragic vacuum.

It is an odd paradox. We large-hearted, generous Americans will send men and money wherever there is a need. We are always saving some country for democracy. Then we cheerfully accept, yea, we sometimes urgently recruit from the same country the very people who are qualified to help that nation stay democratic. Any practical suggestion on how to reverse the flow will be gratefully received.

Adjustments necessary

When West meets East adjustments are necessary all along the way — adjustments in diet, adjustments to climate, adjustments in activities of daily living. One must learn proficiency in pantomimes and charades or one does not communicate on occasion. And there is always the elements of surprise in discovering how the charade has been interpreted. One language-deficient couple needed to get from the airport to the train depot in a hurry. They dumped their luggage into a convenient taxi, then they huffed and puffed and "make like a train" until the driver nodded and smiled with comprehension. Where did they go? Out to a new tourist hotel near a popular amusement park.

Life in the orient is full of exciting possibilities. When West meets East something interesting is bound to happen.

MEDICAL MISSIONS AS SEEN BY MISSION DOCTORS

by Betty J. Stirling

One of the services the University provides the church is research into issues of importance to church policy-making. The University provides a milieu for scientific study and collection of data. The expertise of University personnel can also be used to interpret such data so as to show alternative courses of action, their relative merits and possible outcomes. It is in this spirit of service to the church that the research on medical missions was done, and presented here to those interested in the progress of mission work.

— Robert E. Cleveland, PhD
vice president for academic affairs

Historically, medical work represents an important aspect of the mission program of the Seventh-day Adventist church. A primary reason for establishing nursing schools, the medical school, and allied health school facilities has been to provide personnel for the church's healing ministry.

While feeling enthusiasm for medical missions, however, some thoughtful church members have reservations as to current methods and results. To grow and succeed, any program must have constructive criticism. Dissatisfaction with existing conditions or methods is usually the principal basis for criticism. Before criticism can bring worthwhile results, however, it must be heard and heeded. Too often those most closely connected with the medical missions — the missionaries themselves — feel that their views are bypassed.

In recent years some attempts have been made to give a voice to missionaries in the field. A few have taken the initiative to speak up. Contemporary studies have been made of Seventh-day Adventist medical mission work and discussions of medical missions have been carried on at special conferences.

My interest in doing this study started with conversations in the fall of 1970 with several medical missionaries who were passing through Loma Linda to or from mission posts. They observed that conditions and personnel had changed in the past few years, and said that they wanted a voice in the current direction of the mission program. The

purpose of this study is to try to give these experienced people a voice in evaluating and improving the ministry of healing.

Method of Study — In order to cover all the types of information and ideas that the missionaries wanted to contribute, I chose a questionnaire format with multiple-choice, fill-in and open-end questions. The general areas covered are: recruiting and training of missionaries; the mission situation; religious aspects of the work; problems of the mission and missionary; and the focus and future of medical missions.

Two groups were included in the survey: medical missionaries currently serving, and former medical missionaries on "permanent return." Missionaries who assisted me in developing the questionnaire are excluded from the sample.

Of 130 questionnaires sent to the current missionary group, 65 came back in time for statistical analysis. Others, arriving after the late-May cutoff date, brought returns to about 70 percent. The late arrivals are included in the comments. Returns from the permanent-return sample totaled 107 out of 220 by the cutoff date.

CHAPTER ONE Recruiting and Training

One of the major problems of a mission enterprise is finding, recruiting, and properly preparing recruits for service. What is the most effective time for someone to try to

interest prospective missionaries in serving?

We asked respondents when they first felt a serious interest in mission work. The largest percent — about a third — said, "before college." But sizable numbers of both groups indicated that they had first become seriously interested during college or medical school, or after finishing all medical training. It would appear that *medical* mission recruiting should be a worthwhile proposition at the premedical level or earlier, as well as during medical training.

The most important specific source of interest in mission work among both current and returned medical missionaries was their personal contact with missions. Comparable percentages of both groups lived in mission areas as children. The implication is rather strong that mission work "runs in families." Many respondents wrote in answers to this question, giving other sources for their first serious interest. The overwhelming majority of these indicated that their first serious interest — which had continued ever since — was aroused by hearing mission stories in their homes, Sabbath schools, and schools, especially those told by missionaries on furlough or return. Two replies were interesting for giving totally different sources: one said acquaintance with a foreign student in college led to his interest; another said it was an advertisement in SCOPE.

Recruiting — The timing of the actual call to mission work varies considerably between returned and current missionaries.

Among the returned missionaries, almost half received no call until they had completed all medical training, and only 12 percent were asked during medical school years. But among active missionaries, about a fourth were asked during medical school and only a fourth after completion of all training. For both groups, about a fourth were asked during the internship. The difference between the groups may show a trend toward earlier recruitment.

We asked for suggestions on how recruiting might be improved. The preferred improvement is to have a full-time "mission representative" in the School of Medicine to get personally acquainted with students and keep in touch with them. About a third checked this. The next choice, by about a fifth, was to arrange for missionaries on furlough to have more contact with students.

Written-in suggestions were varied and specific. Many amplified the mission representative possibility. Some pointed out that there may have been representatives at the University, but suggested that such a representative be given more authority and closer ties to the students. Many thought that the faculty should have a larger role in recruitment. A comment on the general problem was that recruiting would be less of a problem if church members were more dedicated to the mission of the church and if they were less materialistic and luxury-minded.

A question was asked specifically on the student mission program. The majority of respondents felt that sending out medical students would stimulate interest in mission service and result in more recruits. Only a few felt that it would be too expensive to be worthwhile. On the opposite end from

student recruitment was the suggestion made by some that more retired physicians be recruited for service. One advantage mentioned in getting men in this group was that their family obligations are often lighter.

Plans for Service — There seems to have been some debate in recent years over the most desirable length of time to be spent in mission service. The traditional view is that mission service is for life; the person dedicates himself wholly to a particular area and remains there until retirement or even until death, with his homeland only a place to visit. The view that many physicians are accused of holding is that of "putting in one's term of service" and then getting back to the real business of establishing a practice and settling down to living. We asked both groups what length of service they had planned on when they first entered mission work. Of the current missionaries, 26 percent said they had planned on lifetime service; of returned missionaries, 21 percent had planned on lifetime service. A third of the returned missionaries had not made a definite decision on length of service at the time they began mission work; one in four active missionaries had made no decision. We suggested two types of limited service: "a few terms" and "temporary . . . for one or two terms." Forty percent of each group gave one or the other of these answers, with the "temporary" choice checked more frequently in both groups.

A few amplified their answers, but of these almost all said that they had to return to the homeland to educate their children and would then reenter mission service. In this connection, one should note that 86 percent of the "permanently" returned people expressed an interest in going back to the mission field; only 9 percent said "definitely not;" 5 percent were undecided.

Relief service is appealing to some returned respondents. One in five has been back at least once either to his previous mission area or to another.

One item frequently mentioned in the recruiting of physicians is their debt for medical education. There is a widely held opinion that many medical students end their training thoroughly in debt, and that the mission board is not interested in such persons as recruits. We asked both groups whether they thought the new doctor's financial obligations were really a great hindrance of some concern, or simply an excuse to avoid mission service. The returned respondents saw financial obligations as more of a hindrance than did active respondents, but in each group a total of about 80 percent saw financial obligations as having a bearing on ability to enter mission service.

We then asked for possible solutions. The most frequent proposal was for the student not to incur debts. Concrete suggestions



recommending early counseling of those interested in mission service to live simply and get through with little or no indebtedness and, possibly, to marry later and postpone the family were made. The second most frequent suggestion was for General Conference assistance to be amortized through mission service.

Training — Several of the physicians personally interviewed in the preparation of the questionnaire indicated that more than regular medical training was needed for adequate mission service. Among their suggestions were better language education, introduction to cultural differences, and some exposure to public health ideas. Mission orientation courses, which presumably include this training, have been held for a number of years at the church's universities and at some of the colleges. We found through the survey, however, that few mission doctors had attended them.

What was of unusual interest, though, was what the respondents considered the most appropriate preparation for mission service (other than medical training). The returned people said a "call" (41 percent), language training (25 percent), training in business administration (10 percent), leadership training (7 percent) and study of cultural differences (4 percent). Current missionaries put "call" and language training first and second, but gave leadership training a more important place than business administration. Study of cultural differences was last again, with three percent. The most important difference between the two groups was in the number now indicating the importance of the "call" — it was down to 31 percent.

On a latter question we asked, more specifically, what the physicians thought about the value of knowing the local language. Eighty-two percent of the returned and 88 percent of the active respondents felt that knowing the local language is important for successful work. A tenth of each group said that knowing the language is nice but not necessary; this answer seems to occur where English is used by the local people.

The number who actually spoke, or now speak, the local language was less than those who felt it desirable to do so. About a third of each group said they speak or spoke the local language fluently. Well over a third said they speak some; under a third do not, or did not, speak the local language. There are more nonspeakers in the current group. The most important reason given for not learning the local language in both groups was lack of time allotted to language study. As many put it, they had plunge immediately into medical work. A few indicated that this was reasonably satisfactory with interpreters until they could get a chance to learn the language themselves. Most seemed to feel, however, that the missionary

a sore point with many nationals

is the discrepancy of salaries

is much better off if he can speak the language well and thus interact with the people, and they deplored the policy which relegates language learning to "spare time" after a heavy day's work, or dispenses with it altogether.

CHAPTER TWO

The Mission Situation

Facilities and Staffing — Although stories of hardships and primitive conditions in mission fields have contributed to the stereotypes people hold of missions, nationals visiting the United States often charge that these accounts are exaggerated. Several explanations of the discrepancy in views are possible. The stereotype may date from earlier days and no longer be valid, or it may always have been atypical. Perhaps different standards are used by missionaries and by nationals to measure hardship and primitive conditions. Or, mission areas may vary widely, and the speakers may generalize from the area they know best.

Inasmuch as people behave according to their perception of conditions, rather than to conditions as they actually are, we need to find out how the medical missionary really views the conditions under which he works. If he sees them as very bad or intolerable — regardless of how the national sees them — it will affect his view of the mission service as a career. If his view is totally at variance with that of the national's, it may affect his relationships with them.

To get some idea of how conditions are assessed, we asked the physicians to compare their medical facilities with those of a United States nonteaching community hospital of comparable size. Of the active respondents, 34 percent said conditions were comparable. Twenty-six percent said they are worse, 31 percent said "much worse," and only 7 percent said better or much better. These percentages differ little from those of the returned respondents. Either conditions in mission medical facilities have not improved over the years, or standards by which the mission doctors measure have gone up. A few comments were written in, but these few suggest backward conditions in some areas.

How perception of conditions affects behavior is shown by comparison of views on facilities with plans for further service among the current missionary group. The few respondents who saw facilities in the mission field as better than in the homeland

all plan on further mission service. About three-fourths of those who saw facilities as "about the same" as in the homeland plan on further service of possibly two terms. Of the ones who saw facilities as worse, about 60 percent plan on further service, but probably only for one term.

The quality of staffing varies as do facilities from place to place. The number of single-doctor medical facilities seems to have dropped. Almost half of the active respondents reported that at present they have one to three other physicians in their hospitals; 56 percent have at least one national physician on the staff. The returned missionaries had not had as much help.

The size of the nursing staff has increased over the years. Well over half of the current respondents reported that they have ten or more nurses, most of them nationals; but less than half of the returned respondents reported ten or more nurses. The number of dentists on the staffs has increased; the same increase is seen in other medical personnel on staff. Since overwork because of understaffing was listed by many respondents as an important mission problem, this improvement in staffing might have an effect on keeping missionaries in service longer.

In their comments, respondents from both groups stressed that, although individual circumstances of mission hospitals are important in determining staff needs, yet understaffing is a major cause for discouragement and dropping out of mission service. Some pointed out that, in larger hospitals, adding physicians would not cost more, since increased fees would affect salary costs. The essence of many complaints on staffing needs, other than the shortage of physicians, was the scarcity of well-trained national personnel in paramedical professions, and thus the necessity of using inadequately trained persons.

Salaries of Staff — A sore point with many nationals who rub elbows with overseas workers in the service of the church is the discrepancy in salaries. This is particularly true where the national worker feels that his preparation is comparable to that of overseas staff, and when his salary is not comparable to that of his national colleagues outside the mission hospital.

We asked about salaries of national physicians on the mission hospital staff and also about friction over salaries. Eighty percent of the returned people said that national doctors had received salaries either lower or much lower than theirs. Seventy percent of

the active doctors also gave this answer. The seeming decrease may represent a slight change toward equalizing of salaries, or it may represent less knowledge of the situation in some hospitals. The survey does indicate differences in various mission areas.

Financing — The source of funds for operation of medical missions seems to be a puzzle to some lay church members — and appears to be a bit puzzling to some missionaries as well. Over 70 percent of the current missionaries and about 60 percent of the returned workers reported that the major part (75 percent or more) of their hospital support comes from private fees. Only a few indicated that any sizable proportion came from local government sources. A third of the active group said that less than 25 percent is from church funds, and well over half said none is from this source. Former missionaries reported more from church funds; but again, somewhat over half of them said none came from the church directly.

The use of surplus funds produced by the mission hospital has been a sensitive issue with some missionaries. From the responses of the two groups it would appear that there has either been a change in the use of funds or a change in the perception of this use or of knowledge about it. Less than half of the returned respondents reported that the surplus funds were used to improve the hospital itself. Over half of the

active respondents reported this to be the case.

Contact with National Medicine — The problem of competition with local medical work concerns many. We asked questions on three aspects of this subject: competition with facilities, competition with physicians, and relations with the local health authorities.

Sixty-five percent of the active group saw some or much competition with local medical facilities; the percent for the returned group is 69. One in four of the current missionaries felt that their hospital cooperates with other facilities; one in five of the returned group felt there had been cooperation with local institutions when they were overseas. A few in either group said there were no local facilities to compete with.

More current missionaries than returned workers felt that there is cooperation with local physicians — who, by the way, seem to be increasing in number. A third of the active group saw cooperation now, whereas less than a fourth of the returned group saw it. In both groups about a third reported good relations with the local health authorities.

Political Situation — There is fear in some quarters that governments will take over mission projects, and even that “doors will close” completely to mission work. We asked respondents about the political situation in their areas. Was there a possibility that the government might take over the

mission hospital? How did the government view mission medical work?

Among current missionaries, about a third said there is a possibility that the government might take over the hospital, but only six percent thought this to be a certainty. Over half saw little likelihood of a takeover. Among the returned group there was much greater fear, and seven percent said that the medical facilities in which they had worked have already been taken over by the government. Another 12 percent saw a take over as a possibility in the near future; over a third saw it as likely but not too soon. Thirty-eight percent said it is not likely. A little over half of both sample groups felt that the national governments mainly tolerate overseas medical workers; about a fourth felt that the governments want them; and about 8 percent considered that they are viewed as a necessary evil. In the returned group, 8 percent felt that the national governments try to get rid of overseas doctors; 5 percent of the current group gave this response.

We asked how the missionaries themselves feel about their place as foreign workers, giving three choices of response (plus a place for alternatives and comments): they are needed and desired; they should be retained as advisers and educators as nationals replace them in regular medical work; or they should be phased out completely as nationals are able to replace them. Among the returned group, 31 percent said foreign doctors are needed, 36 percent said they should be retained as advisers, and 25 percent said they should be phased out. Among



the active group, 35 percent said "needed," 23 percent said "retain as advisers," and 35 percent said "phase out." The idea of phasing out the overseas worker seems to be gaining ground. Most of the written-in comments on the politics were to the effect that, though the government (or local medical society) would like to get rid of the foreign doctor as soon as possible, it will tolerate them — but on its own terms.

Contact with Church Personnel —

The mission physician must adjust not only to the desires of the national government, he must also please the church hierarchy. This can be a dilemma. Though the majority of mission doctors have developed satisfactory relations with both authorities, others have encountered problems. In some cases this results in the missionary's return to his homeland.

About half of the returned group said that they had had good or satisfactory relations with local and union conference officials. Another fourth said that while relations were acceptable, they might have been improved. A fifth said that the interaction needed improvement. There was more satisfaction with relations with division or general conference officials; only about 10 percent saw any great problem. Among those now serving, there is more satisfaction and less suggestion that something will have to be done — which may indicate either an improvement in conditions or the departure of the more dissatisfied. Returned missionaries agree that most friction is on the local-union conference level.

The number of comments on these two questions indicates more dissatisfaction than the percentages do; this is especially true of the late-return questionnaires. Many who reported a "satisfactory" relation showed by their comments that satisfactory may not mean "good," but perhaps "no worse than at home." Some of the comments were resentful. Many saw the big communication gap between medical and nonmedical personnel to be mostly on the local level but definitely not limited to it. Some pointed out that there is no comprehension of the medical mission problems by nonmedical administrators, even when relations are friendly.

If it is possible to generalize on these answers, it would seem that relations with the church administration are better in the areas where the medical work is larger, stronger, and better organized, and poorer where the facilities are poor and small and the workers few. But to point out this apparent association does not say which direction it works. Do good relations make a stronger work? Or does the stronger work produce good relations?

Related to the question on administration is the problem of who is to be the liaison officer between medical and nonmedical people, and who is to administer the medical work itself. The great majority of the respondents wanted the medical secretary

most friction is on the

local-union conference level

of the division to be a physician or some other medical person. But for the hospital itself, the majority wanted a trained hospital administrator. Only about a fifth wanted a physician in the top hospital administrative post. In reality, the reverse is true: the majority of mission hospitals as reported by both samples have, or had, physicians in charge, and less than a fifth have, or had, trained hospital administrators.

CHAPTER THREE

The Physician as Religious Leader

Mission doctors are recruited primarily because of their medical expertise, but in some areas they may find themselves the mainstay of the religious work as well. Fewer among the current missionaries than among the returnees have found themselves in this situation. Only 8 percent of the active group said that they or some other nonministerial professional mission worker must assume the primary religious role; 23 percent of the returnees thought so. Among the returned group, 44 percent indicated that spiritual leadership was from an overseas worker (chaplain or minister); 29 percent of the current group indicated this. Now the national chaplain or minister is taking over; 57 percent of the current missionaries said that nationals provide the leadership, as compared with 30 percent for the returnees.

The proportion of hospital workers who are Adventists seems not to have changed much. Around half of each group said that over three-quarters of their hospital workers are, or were, Adventists. But this still leaves a sizable number of mission institutions at which fewer than half of the workers belong to the church, and in a few areas a high proportion are nonchristian.

We asked what attempts are made to interest the non-Adventist workers in joining the church. Though very few said that no attempt is made to convert these workers, only 12 percent of the active physicians and 8 percent of the returned doctors said that any direct formal efforts are, or were, made. One in five mentioned indirect formal programs. Over half said that conversion efforts are indirect or informal.

We asked the returned group if, looking back on what had been done to interest non-Adventist workers, they would now advocate a different approach. Only a fifth said they would, but these made some inter-

esting observations. Several noted that their hospital policy had been to hire only Adventist workers, and as a result they had "instant conversions" or "rice Christians." They felt that this policy hurt the church, and they would change it. More direct personal contact was suggested by several, including more involvement by wives of mission physicians. Several suggested more aggressive programs, but voluntary in nature, including, possibly, an initial orientation to church beliefs and practices and an explanation of conduct expected of workers in a Seventh-day Adventist institution. Some recommended making worship services more evangelistic in nature, possibly by including Bibles studies.

CHAPTER FOUR

Problems of the Mission and the Missionary

Problems can be either a challenge or a hindrance to mission work. If there is a chance to overcome the difficulties and make progress, and if there is a feeling that one's efforts are supported, problems can be a spur to greater effort. But if it seems futile to try, either because there seems no way out, or because administrators seem unable to see problems or offer any support, then one tends to give up.

Overwork — One of the problems frequently mentioned by medical missionaries is overwork. Temporary overwork can be taken in stride; overwork with no end in sight and no hope of improvement discourages. We asked the direct question: How much of a problem is overwork? In both groups 61 percent indicated that overwork is a major problem, either enough to interfere definitely with family and personal needs or to result in constant "running to keep up." The problem, of course, varies with the area and size of staff in the hospital. Seventeen percent of the active and 24 percent of the returned group said the amount of work is about the same as it is at home. About 12 percent of each group said overwork is not a problem. To have well over half of the missionaries feel that the work load is unreasonable is worthy of notice.

The reasons for overwork pointed out by both groups are, first, inadequate staffing and, second, a combination of staff shortage, too many patients, and inadequate facilities. Much of the overwork in some areas is not from medical work in itself, but from the

various peripheral activities the physician is responsible for — including religious leadership, administrative duties, or duties of a partially medical nature.

We asked what possibilities physicians see for delegating some of their medical activities, including which tasks they are now delegating (or had given to others while they were in service). Delegation of duties would assume that competent paramedical personnel are available. Almost all would turn over the laboratory and x-ray work to qualified technologists; over half would allow competent paramedical personnel to take over the routine midwifery and the well-baby clinic. Almost half would delegate the prenatal clinic, but less than a fourth would turn over the children's clinic to non-physicians.

Tourists — Although few persons would object to visitors from a homeland they have not seen for months or years, too many visitors, or those who take up too much valuable time, can be a problem. We asked two questions about tourists as problems;

written-in comments included remarks about other kinds of visitors.

Over a third of both groups enjoyed the visits of tourists and said they have, or had, adequate facilities to care for them. But about a fifth found tourists either somewhat of a problem to the family or a major burden. Thirty percent of the returned group and 23 percent of the active group reported few tourists in their areas, and a small percentage of both groups said they would like more such visitors.

Some pointed comments were made on the thoughtlessness of a few tourists in taking valuable time of the missionary or missionary's family (wanting tours of the area, etc.). Others mentioned the failure of some tourists to meet local Adventist standards of dress and behavior.

A number pointed out that it isn't so much the tourist that takes time, but official church personnel on tours or "business." In some of the "cross-roads" centers, this traffic becomes very heavy; and even though the mission may reimburse the mission family for the actual cost of meals, etc., the work involved is considerable. One mentioned

over 100 extra meals served during the month he and his wife were hosts for the mission.

Several made suggestions about the handling of the cost of entertaining tourists. One was that the mission board should prepare a leaflet describing the various mission areas and the work there, and list the accommodations for tourists, if any, along with the expected payment for room and meals, and "tips on what to expect."

Reasons for Leaving Mission Service

— We asked two questions specifically on reasons for leaving mission service, one on personal reasons and one on general reasons. Both were indirect. Children's education was the personal reason checked by the majority of the respondents of both groups — 73 percent of the returnees, 65 percent of the active missionaries. Other personal reasons received little response, but several respondents indicated financial problems or financial security (a choice we did not list) as part of the reason for return.

There was one pertinent difference between the two sample groups. Whereas only 4 percent of the returned group checked overwork as a personal reason for return, and none checked lack of professional contact, a total of 13 percent of the active group checked these two categories as representing problems. The majority of comments written in as "other" reasons (11 percent of returned, 17 percent of active) fit into these categories and might best be labeled as general dissatisfaction with mission conditions, goals, and policies, or a feeling that the whole thing is futile.

In the second question on general reasons, the majority (over 60 percent in both groups) checked the category "personal reasons" as most important to returnees. About a third of each group listed reasons connected with the mission program, with the answer "overwork, poor facilities, no chance for professional growth" as most important.

There seems to be little difference between how the groups viewed reasons for leaving mission service. In some ways this is a depressing fact. If people are still leaving mission service for the same reasons as in the past, does it mean that no progress has been made in solving major problems of personnel? This is a problem that needs thorough investigation and effective action.

CHAPTER FIVE

Focus and Future

Among Adventist church members there is little quarrel with the premise that the church should be mission-oriented. But there is debate on the purpose of missions, and probably even more disagreement on the purpose of medical missions. We asked several questions on this subject because the mission doctor's definition of the purpose of



missions will affect his behavior as a missionary. If his view is much at variance with the expectation of the church leadership, there may be some friction over the best way to achieve goals.

Focus of Work — Several clichés about the medical work exist in Adventist circles — the *right arm*, the *opening wedge*, etc. We chose “opening wedge” as a label for medical mission work and put as an alternative “valuable in its own right.” Among the active group, 49 percent said the medical work is an opening wedge, 40 percent said it is valuable for itself. Among the returned group, 53 percent said it is an opening wedge, 36 percent that it is valuable for itself. Most of the “other” answers in both groups were that it has to be both at once. But several respondents pointed out that, though it is an “opening wedge,” many times it isn’t “followed” by effective evangelism. And a few pointed out that often it is looked on as just a way to supply money for the “real” work of the church.

An illustration of how attitude affects behavior is that those in both groups who saw the medical work as an opening wedge seem to make more active attempts to convert non-Adventist workers, whereas those who saw it as valuable in itself seem to make less active attempts to convert non-Christian workers.

Structure of the Mission Program —

One of the main purposes of this study was to get the mission physicians’ ideas on how best to develop the mission program of the future. We asked several questions that dealt directly on this topic. One was: What do you think of the present structure of the medical mission program? Respondents are not radicals, but they did ask for change. Of the active group, 15 percent said that the present program is basically sound and should be continued as it is, and 6 percent said it needs complete overhauling. The majority — 78 percent — said it is generally good but needs changing. Generally they wrote in what they felt are the needed changes. Among the returned group, 19 percent said the program should be continued in its present form, 19 percent that it needs complete overhauling, and 55 percent that it needs change.

Among the changes suggested are those listed below, grouped according to major areas of mission activity. Most of the suggestions were made by several respondents. In a few cases one type of suggestion, if followed, might eliminate another. No attempt is made here to judge which alternative is preferable. Some of the changes have already been made, but evidently the respondents were not aware of this.

I. Basic Goals and Philosophy

1. Reevaluate the goals of medical missions. What does the church want of medical missions? If medical work is impor-

tant, treat it that way. Encourage new, imaginative ideas.

2. Rely more on the national worker.

3. Emphasize preventive medicine and public health approaches — more health education.

4. Use a loving Christian approach to patients and others, less legalistic religion.

5. Continually adapt to both general and local medical progress.

II. Recruitment

1. Evaluate the real needs of the area before calling physicians or other medical personnel, especially specialists. Try to match the candidate with the institution.

2. Let the local fields and divisions have more of a say in the recruiting and in getting the recruit to the field, rather than leaving it to the general conference.

3. Try to attract more national doctors back to the field. Use salary incentives to attract, perhaps paying them more, rather than less, than overseas doctors receive. Try especially to get nationals who are specialists.

4. Figure out better means of communication with persons who might be interested in mission service, and keep in contact. Encourage physicians now in private practice to take an interest in missions — financial, relief, etc. They might decide on regular service.

5. Try to stimulate more interest in missions in medical schools among both faculty and students. Faculty might take relief terms to get better acquainted with mission needs.

6. Try to arrange for three years of mission service to replace the selective service obligation of the young doctor.

7. Try to sign recruits up for longer periods of service than one three-year term.

III. Organization

1. See that all hospitals are adequately staffed. The overwhelming plea is to eliminate one-doctor hospitals! All hospitals should have at least two physicians, from different families (not a husband-wife team). Don’t start any new institutions until the present ones are adequately staffed, preferably with totally Adventist staffs.

2. Develop more schools to train nationals in medical and paramedical work. The work has been carried on in many countries for enough years that it should now be completely in the hands of nationals, but in many cases there are few nationals on the staff.

3. Have fewer facilities but improve those existing. Abandon hospitals or small

the overwhelming plea is to eliminate one-doctor hospitals

medical facilities that have no prospects for good development. Make the good institutions into teaching hospitals.

4. Study the locations of hospitals and the needs of the populations to be served. Some areas might need smaller and more numerous institutions. Some areas should have less emphasis on large institutions in large cities, where there is competition with local facilities.

5. Put medical institutions under the jurisdiction of the general conference medical department directly, not under union and division conferences. Give the medical department more authority.

IV. Personnel Relations

1. Improve relations with national workers, especially the national doctors. Give them better pay; have a standard pay rate, based on education, for both nationals and overseas workers. Encourage national doctors to get specialty training.

2. Allow hospitals more self-government. Hospital boards should be free to disagree with the chairman; he should not be allowed to be a dictator. Union conferences and their administrators should not have so much say in hospital administration. Those who carry out policies should have greater involvement in the decision-making.

3. Keep ministers out of medical matters unless they have special training for this work. Too much administration is done by ministers untrained in medical matters. Nonmedical people should be educated in the problems and work loads of doctors in mission service. Doctors should set medical policy and let ministers follow this opening wedge with religious work. Ministers who are misfits at home should not be inflicted on the medical missionary. Some way should be found to discharge inadequate employees of the church.

4. Visits to medical mission work by general and division conference persons should be for fact-finding, problem-solving, and discussion of guidelines, not for political, social, and “public relations” purposes.

5. Trained business managers should be employed to take over general administrative duties of the hospital to free the doctor for medical work.

6. Give all overseas missionaries some medical training (such as some form of nursing) as part of their orientation. This could be an important adjunct to evangelistic work, but another benefit might be a lessening of the doctor-minister communication gap.

V. Policies

1. Mission hospitals should avoid preferential treatment of the rich and influential.
2. More charity work should be encouraged.
3. The work should be continually evaluated, not allowed to rest on its past accomplishments.
4. There should be more concern for the doctor who has to return to the States; a workable sustentation plan or retirement fund is needed. It might be possible to get him back into service again if there were some way to tie him to the church financially.
5. The hospital should be used as a "breakthrough" program, with nationals picking up from there. Pioneer work should be encouraged, such as subsidiary clinic work which can grow into hospitals in outlying areas. This work may not be self-supporting at first, and this should be expected.
6. There should be more of a team approach to medical missions, with doctors and other medical workers as a definite team.
7. Specific assistance should be sought from the LLU School of Health on methods and materials in health education.
8. The mission doctor should be supported in the same way as the mission minister or teacher, so that no local money goes into his support.
9. Better policies should be worked out for the education of the mission doctor's children, including streamlining the financial assistance.

A Voice in Planning — The fighter on the firing line often has ideas on how to win the war. He may not be able to see the whole picture, but some of his ideas may apply to many battlefronts. Does anyone consult him, or listen to him when he speaks?

The present frontline people, the active

will anything be done?

group, felt that they have some voice in what goes on. The question asked was: How much of a voice is being given to medical missionaries in plans for the future? The three choices, "given careful consideration," "sometimes consulted" and "rarely sought, but listened to," were each checked by about a fourth of the group. Only nine percent said that the missionaries are rarely listened to. A number modified their answers with comments, and these are mostly on the negative side. Fewer of the returned group felt that missionaries' ideas are given careful consideration, and 11 percent said they are rarely listened to.

About half of the respondents felt that methods used by conference officials (union, division, or general) in directing the mission program are arbitrary and give the missionary little voice in policy-making. Less than half said "no," to a question suggesting this. A number did not answer. A large percentage of both groups wrote explanations of their answers, whether yes or no. As with comments on other questions, much of what is said boils down to the gulf between minister and physician.

Goals of Medical Mission Work — The concluding question was a request for a personal statement on what the respondent sees as the most important goal of medical missions. Space in this summary prevents including the answers verbatim; some were lengthy. Many were similar in content, however. About half of the respondents gave a

"soul-winning" goal as either the only goal or the most important. Somewhat less than half gave a combination of evangelism and health teaching. Only about ten percent gave an answer that pointed to a health-related goal only. The two sample groups differ somewhat in approach. More of the current missionaries placed emphasis on the "soul-saving" goal alone, while more of the returnees suggested a combined goal.

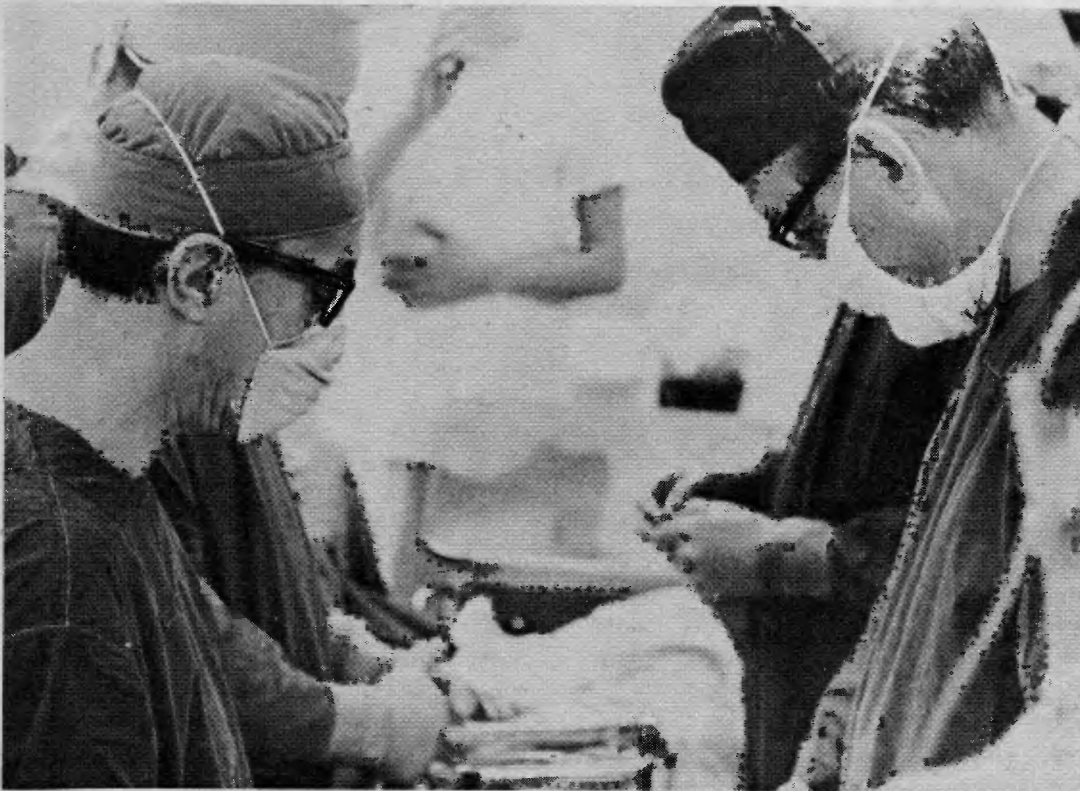
The Changing Picture — The most disturbing response produced by this study is the question asked by many respondents on their returned questionnaires: "*Will anything be done?*" Reasons for pessimism as well as for courage abound: Those long in the work feel that little change has occurred, and those who have previously done research see little impact on the organization. The survey indicates that reasons for leaving mission service now are about the same as those given years ago. Questions asked by missionaries today are substantially the same as those asked by their professional forefathers.

Examination of medical missions in various parts of the world shows that some of the changes suggested by missionaries in this study have already been made or have at least been begun. But much remains.

Those who object to clamor for change point out that not all change means progress. The reply to that is: Agreed, not all change is progress; but all progress does involve change.

One thing is clear: the workers who responded to this study want to see the church's mission work grow. They want to be part of the progress. They have responded to our inquiries and voice others. The pressing question is: Is the church keeping faith with them through realistic planning and creative action?

Copies of the report *The Seventh-day Adventist Medical Mission Program as Seen by Mission Doctors* are in SDA college and university libraries, or may be purchased at the Loma Linda University Bookstore. Mail orders should be accompanied by payment. Price \$2.95, plus fifty cents postage and handling. California residents should add 5 percent sales tax. The earlier study report *Attitudes of Seventh-day Adventist College Students Toward Missions* is also available at the LLU Bookstore. Price \$3.95, plus fifty cents postage and handling, and 5 percent sales tax to California residents.



Veterans hospital to be built adjacent to medical center

The new Veterans Administration acute care hospital will be located west of and immediately adjacent to the University medical center. The October 14 report, released jointly by Congressman Jerry Pettis and the Veterans Administration ended nearly two months of speculation over which site would be selected.

President Richard M. Nixon visited Loma Linda on August 20 to announce that the new facility would be located in Loma Linda to replace a VA hospital in Sylmar that was destroyed in the southern California earthquake in February, 1971. He did not specify a site at that time, however.

Shortly after Mr. Pettis made the site announcement, University Trustees voted to authorize University administrators to co-operate with the Veterans Administration in developing affiliation plans.

Trustee chairman Reinhold R. Bietz was authorized to collaborate with University officials in appointing a committee to arrange guidelines and policies governing relationships between the University and the proposed Veterans Administration hospital.

When the site selection was made public, University officials expressed surprise at the choice. There had been strong support for a site located between Loma Linda and Redlands on vacant land owned by the University. The acreage selected by the VA has 40-50 homes that will have to be removed. None of the land to be purchased by the VA is owned by the University.

According to Mr. Pettis, the Veterans Administration has a well-known policy of building all new VA hospitals adjacent to university medical centers. Veterans Administration medical officers, he says, believe the quality of patient care is best when the hospital is close enough to medical center facilities to provide convenient exchange of physicians and patients.

Mr. Pettis also mentioned that the site east of the University medical center was found to have a small earthquake faultline running north and south. The selected site has no faultlines.

University president David J. Bieber said University officials would have preferred the site east of the Medical Center but that he understood why the Veterans Administration opted for the nearer location.

In an interview carried in OBERSEER, the Loma Linda campus newspaper, some advantages for the approved site were listed by University spokesmen.

The selected site, they said, will make it possible for the two hospitals to share certain highly specialized and expensive patient care services and facilities. It will increase interdigitation of research

Continued on page 24



PHOTOGRAPHER, EUGENE HOOD, coaxes a smile from a co-ed's face during the registration of the 3,511 students at the University. This all time high shows a gain of 208 over last year for the 1,695 students on the Loma Linda campus and a gain of 96 for the 1,816 students registered on the La Sierra Campus.

Bible version of Egypt exodus verified by Loma Linda scholar

Publication of a two-volume work on Egyptian chronology was announced this month by Donovan A. Courville, PhD, recently retired associate professor of biochemistry.

Dr. Courville's study, entitled *The Exodus Problem and Its Ramifications*, is designed to correct popular errors in the chronology of antiquity. Says Dr. Courville, "When corrected, the truly unique incidents of Scripture are provided their proper backgrounds in a remarkable manner. The list of such incidents includes the Exodus, the Oppression, the Conquest, the fallen walls of Jericho, the final end of the site at Ai, the Descent, the famine of Joseph, the origin of Shechem as built by Omri, the sacking of Solo-

mon's temple, and others, each dropping into the chronological background in agreement with Scripture."

The two-volume work, resulting from 15 years of research, also shows that the chronologies of other nations of antiquity can be fitted into a period which "does not require any modification of the figure provided by even the shortest chronology based on the figures provided by Scripture."

Dr. Courville says that many evidences commonly used as basis for confirming Scripture "are of little or no value from a truly scientific standpoint, since many of these same materials are being used to confirm the Scriptures as a conflation of myths and legends."

Science, humanities blended in unique curriculum addition

Interdisciplinary Study programs begins this fall with fifty students from sixteen academies and fourteen high schools accepted.

The program is new both to the University and to Seventh-day Adventist higher education. Its goal is to provide a more effective general education by integrating the subject matter of many disciplines. Thus the program will reduce the amount of time the student devotes to general studies while giving the student time to pursue his own vocational or personal interests.

The program for the first year consists of two concurrent sequences of wide-ranging, integrated courses. One series focuses on Human Being and Behavior and will explore personal identity and the goals and value systems of the individual. The second series focuses on the Development of Ideas, emphasizing the history and meaning of science and its impact on culture. The total program carries 48 quarter units of academic credit and will account for approximately one-half of the student's course work during each of his first two years in the College of Arts and Sciences.

Many students applied for the program according to program coordinator Fritz Guy, associate professor of religion, however, limitations in faculty members and space prevented acceptances of all who applied. Core faculty for the program includes Ronald L. Numbers, assistant professor of humanities, Betty R. Stirling, professor of sociology, and Fritz Guy, coordinator. Guest lecturers and discussion leaders from several other schools of the university will be included with some forty to fifty faculty members already scheduled to participate.

In the news . . .

... gardening without soil is the subject of a new course for University Extension (page 22).

... graduate program in Middle Eastern studies announced (page 23).

... alumni increase giving to the University (page 24).

... midwives are coming back into medical fashion (page 25).

... genetic effects of marriage between close relatives to be studied (page 28).



DR. VERNON H. KOENIG, dean of University Extension, looks on as Raymond Bridwell, horticulturist, explains the fundamentals of hydroponics. The class teaches students to grow all vegetables they can eat without soil.

Local gardeners may now learn to grow vegetables without soil

Now home gardeners can grow all the vegetables an average family can annually eat. All this can be done without getting their hands dirty, and working only 10-20 minutes a day, using an agriculture phenomenon called hydroponics, a method of growing plants without soil.

Local gardeners may learn how this is done in a class in hydroponic agriculture offered through University Extension. Dr. Vernon H. Koenig, dean of University Extension and Summer Session, be-

lieves this will be the first time a university has separated hydroponics from other agriculture courses.

The anticipated population expansion has created demands for new growing methods and more productive teaching styles that are not limited by tradition, he says. Hydroponic growing is known to provide highly nutritious foods.

The class will be taught by Raymond Bridwell, a horticulturist with 35 years of experience.

Service to church emphasized in new social work program

A new social work program emphasizing service to the church will be offered by the College of Arts and Sciences beginning next fall. According to the Department of Sociology and Anthropology and the Department of Psychology, who are sponsoring the program, students will be prepared for professional level jobs in social work agencies of various kinds, but the particular focus will be on the needs of the church in medical, school and pastoral areas.

Some aspects of the new program are being introduced this year by Amine Varga, MSW, director of social work education. These include field work placements at the La Sierra Elementary and Secondary Schools, the La Sierra Church, and the Riverside General Hospital. Both students and the placement institutions are enthusiastic about the current trial of the fieldwork aspects of the program. One student said, "It's really helping me in my experience. I look forward to going." Another said, "Out of sight! It's real!" Students recognize how the counselling helps them personally in addition to helping their clients, and are happy to find their talents welcomed in a church-related setting. The school authorities have also expressed their gratitude for how the social work students are adding the extra "measure of caring" to the school's work with pupils.

The new program will also offer an advantage to students planning to go on to graduate study: many graduate schools of social welfare

give recognition to this quality program by reducing the MSW program to one year instead of the usual two.

The program will select carefully from applicants in order to assure a good match between qualifications of the graduate and needs of the employer. Students interested in the program will apply to the Department of Sociology and Anthropology as well as to the College of Arts and Sciences. The new program will introduce the student to real social work activity in his freshman year and continue this exposure all through his college years. This will give him a chance to sample various kinds of activities and choose those best suited to his personality. Although transfer students will be accepted, it will be to the student's advantage to enroll in his freshman year.

Loma Linda University has had coursework in social welfare and in corrections for several years, including fieldwork placements, and many students have gone directly into these fields after graduation. Others have gone into graduate school programs before taking employment. Of the over-120 students enrolled in sociology, psychology or behavioral science majors, about 50 students currently have social work or corrections as their professional goal. Thirteen are in the new church-related field work placements. The new program will be a further step in professional development, however, and assure greater competence of the graduates.

Colvin author's a first collection of poems entitled 'Days of Lilac'

A first collection of poems entitled **DAYS OF LILAC** by Gerald F. Colvin, EdD, was recently published in Loma Linda by the Religion in America Press. According to the author, a teacher of counselor education and psychology at Loma Linda University, the collection was published in the interests of ecology on recycled paper.

The poetry collection is divided into three major parts, following a sequential order of the years the poems were written in, from

1959-1971. Although most of the poems are not concerned directly with geographical location, the years which Dr. Colvin spent in the Midwest and Southwestern states indirectly influenced his poetry, and led to the titles of the second and third division of poems, "The Ozark Years," and "Through Middle America."

The poems come in a wide variety of shapes and forms, resulting in a rather informal style. The collection contrasts poems of political insight: "... and red is blood on army green, and white is purity to preen, and blue is black and falling star/and where the latest battles are." ("Red is White is Blue," page 84). with those of scenic insight: "... Time out for sunning, /sigh the philosophic cows, /chewing down to size a recent burp." ("Pastoral," page 91).

Perhaps his poem "Poetry" offers the reader insight into his other poems: "I want poetry open and frank, /like the rim of the sun or the touch of a leaf—/nothing hidden nothing strained, nothing brief. . . . I want poetry above all inspired/by working next to common men/in a common hope for a common end." ("Poetry," page 57).

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Middle East studies program announced for graduate school

Summer courses in Beirut, Lebanon, will be the first offering in the Middle Eastern studies program announced this week by J. Paul Stauffer, PhD, dean of the Graduate School.

"The interdisciplinary graduate program in Middle Eastern studies will place emphasis on the areas of anthropology, history, sociology, and religion," Dr. Stauffer says.

Students may complete the requirements for a master of arts degree in any of these majors, emphasizing those aspects for which the Middle East offers distinctive problems or insights.

A graduate student working towards a master's degree will take two quarters of core courses at Loma Linda University followed by two quarters in the Middle East under the direction of members of the Middle East College faculty or a Loma Linda University faculty member representing the affiliated program at Middle East College, according to Dr. Stauffer.

While abroad, Dr. Stauffer says, the student will complete the research for his thesis. "It is assured that the facilities of excellent libraries in the Middle East are available to participating Loma Linda University students."

Much of the research will also involve work in the field. After completing two quarters in the Middle East, students will return to Loma Linda University to finish their thesis, participate in seminars of the core curriculum, and finish their requirements for the degree.

Coordinator of the interdisciplinary program is Anees Haddad,



Dr. Haddad

PhD, assistant professor of sociology. Dr. Haddad is a graduate of Middle East College and holds graduate degrees in sociology from Loma Linda University and the University of Southern California, Los Angeles.

While in the Middle East, Dr. Haddad held varied positions including positions of treasurer in Turkey, Cyprus, Lebanon, and Syria; president of the Lebanon field; and was a member of the Middle East Division staff for 12 years.

Dr. Haddad is probably best known in the Middle East for his

work in establishing a youth leadership and camping program, introducing the five-day plan to stop smoking, and for his work as translator and author of numerous tracts and books. As a sociologist, his research has been in family intergenerational solidarity and mental health in Lebanon.

In announcing the Middle Eastern studies program, Dr. Stauffer said that the program "reflects Loma Linda University's commitment to the international mission of the supporting church and particularly a growing sensitiveness to the problems and opportunities facing the church in the Islamic world."

The summer session will be open not only to the group of Americans who will go to Beirut for the program, but to qualified students and denominational workers from the countries of the Middle East.

Cost of the summer program — approximately \$1,385 — includes air transportation from Los Angeles, tuition (eight units), room and board at Beirut, hotel and meals for the travel portion in Egypt, Israel, and England before and after the six weeks session in Beirut as well as short visits to places of interest in Lebanon, Syria, and Jordan. Dates for the program are June 15 to August 14.

Some scholarship assistance will be available to graduate or prospective graduate students in the summer program, Dr. Stauffer says. Details and applications are available on request.

Prospective students, ministers, evangelists, elementary, academy, and college teachers should direct inquiries and requests for brochures to the Graduate School office, Middle East Studies Program, Loma Linda University, Loma Linda, California 92354.

Four-day course in anatomy planned for practicing surgeons

A four-day course in anatomy for practicing surgeons is scheduled by the School of Medicine department of anatomy for January 23-26 on the Loma Linda campus.

The intensive course, according to Raymon F. Tatro, MD, assistant clinical professor of surgery and course coordinator, will cover a wide range of anatomical areas that are most frequently involved in surgical practice.

Inquiries may be directed to the School of Medicine department of anatomy. Reservations deadline is January 3, 1972.

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PRESIDENT DAVID J. BIEBER visits with Herman H. Mack, AS'59, at a College of Arts and Sciences alumni meeting in Sacramento. President Bieber reports on University progress to approximately 70 LLU graduates. This meeting was one of eight eat-ins held recently throughout the state and involving approximately 500 alumni.

Music department offers new music degree for the first time

A new degree has been added to the department of music in the College of Arts and Sciences. Offered for the first time this year, the Bachelor of Music degree proffers students specialized music training.

Students majoring in music this year have a choice of two degrees with a variety of specialties. The Bachelor of Arts degree is a liberal arts degree that has been offered previously. The new degree curriculum according to H. Allen Craw, PhD, acting chairman of the department of music,

offers the student more specialized training in the areas of music education, applied music, conducting, and church music.

The specialized areas of conducting and church music are "denominational firsts," says Dr. Craw. "Students," he continued, "may now receive preparation for the professions of music conductor, church choir director, and church organist."

In the area of music education, students are certified to teach in the state of California.

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SIR ORMSBY-GORE, former British Ambassador to the United States, speaks to the October 13 meeting of the Woman's Auxiliary of the School of Medicine Alumni Association at the Beverly Hilton Hotel in Los Angeles.

Former British diplomat warns against national internal decay

Decline and fall has been the fate of all great civilizations in history, said Sir David Ormsby-Gore at the annual fall luncheon of the Woman's Auxiliary of the School of Medicine Alumni Association, but that decline is not inevitable but a choice. The October 13 meeting was held at the Beverly-Hilton Hotel in Los Angeles.

Sir Ormsby-Gore, who was the British Ambassador to the United States during the Kennedy Administration, spoke about the conditions in the world and what our chances of survival are in the Western Hemisphere. "I believe that although decline and fall has been the fate of all great civiliza-

tions in history," he said, "it is not inevitable but a choice."

Sir Ormsby-Gore believes that communism is the greatest competitor against the governments today. "If the governments of like-minded countries work together and guard against internal decay and adapt to the changing movements," he said, "we can be effective in our struggle against Communism, our greatest competitor."

The luncheon also consisted of a tribute to the approximately one-hundred medical missionary families that are sponsored by the Woman's Auxiliary. The acknowledgement was in the form of honoring the Cyril Hartman family as they left to return to their post in Nigeria.

LLU advisory fund chairman commends generosity of alumni

"Each year more alumni are giving more to Loma Linda University," says Jack R. Booker, DDS, chairman of the Loma Linda University National Advisory Committee for the annual alumni advancement fund.

Speaking at the September alumni federation meeting, Dr. Booker, a 1960 School of Dentistry graduate, told the federation's board of governors that while one alumnus in 12 contributed to Loma Linda University in 1966, one graduate in 10 gave to the University in 1970.

The average gift increased from \$43.20 in 1966 to \$70.92 in 1970. Total gifts from alumni increased from \$190,419 in 1966 to \$256,640 in the academic year in 1970.

"These statistics show that when alumni understand the University's needs, they respond with increased giving," he said.

Dr. Booker said that benefits resulting from \$150,000 in cash gifts are equivalent to the benefits

accruing from a \$4,000,000 endowment.

"Both students and alumni need to realize that for every dollar paid in tuition, others must give to maintain high standards of education in undergraduate and professional schools.

"Recent statistics indicate that the average cost of educating a student in medicine is \$20,000 a year, including operating costs and capital investment. This amount," Dr. Booker says, "often represents almost 10 times the amount paid in tuition." He pointed out that while the radio varies with each discipline, no educational program could be maintained without substantial contributions from alumni and other constituents.

A number of alumni organizations provide much needed dollar support for the University. Among these are the Walter E. Macpherson Society, the Century Club, the Undergraduate Nursing Scholarship Fund, the Harry Schrillo Fund, the David Neilsen Fund, and class gift funds from medicine, dentistry, and nursing.

The annual alumni advancement fund channels unrestricted gifts to the University and are considered most desirable by University administrators.

Milton Murray, development consultant from the Ford Foundation and the Columbia Union Conference of Seventh-day Adventists, was the after dinner speaker at the federation meeting. He told representatives from member associations that dedicated, loyal alumni take precedence over dollars in building a great university.

VA hospital site

Continued from page 21

programs and clinical training opportunities for students. VA hospital-based faculty can carry on teaching assignments more effectively.

There is opposition to the proposed location, however, from elements in the city government. Loma Linda mayor Douglas F. Welebir opposes the site because he feels it would disrupt more established residences in the central area of the city, cause financial strains on the newly-incorporated town, and increase traffic congestion problems.

Though Congressman Pettis maintains the new hospital will bring economic prosperity to the area and open doors to compensatory federal grants, Mr. Welebir and the city council fear that the city will be left holding the financial bag.

Mr. Welebir has consistently stated that neither he nor the city council was opposed to the building of the VA hospital in Loma Linda. Their opposition is to the location, he says.

The \$30 million structure will have 630 beds and employ nearly 2,000 persons, says Mr. Pettis. Land acquisition and building design will be finished by October, 1973, he predicts, and construction will be completed by the middle of 1976.

OT graduate working with African lepers

S. Kay Rose, a 1971 occupational therapy graduate from the School of Allied Health Professions, arrived in Addis Ababa, Ethiopia, last month (October 14) to begin a one month training session in leprosy rehabilitation at the All-Africa Leprosy and Rehabilitation Training Centre.

Miss Rose will then be assigned to Malamulo Hospital and Leprosarium in Malawi, Africa. The 202-bed hospital is operated by Seventh-day Adventists. In addition to providing psychological therapy to the patients, Miss Rose hopes to teach them skills that will enable them to earn wages when they leave the hospital. She will remain at Malamulo Hospital for nine months.

Sponsored by the newly organized Occupational Therapy Alumni Association, Miss Rose is the first student missionary from the University's occupational therapy program. In addition to the alumni association funds, money for Miss Rose' trip was raised by students and faculty in the department of occupational therapy.

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Midwives making comeback into the world of medicine

Midwives are coming back into medical fashion. Hospitals and private obstetricians all over the United States are on waiting lists to hire them fresh out of the training program. For, unlike the midwife of past centuries, the modern version is a highly skilled nurse with special training in obstetrics, local anesthesia, and comprehensive advanced methods of pre and post natal care. She is capable of handling normal deliveries in a hospital—home deliveries are obsolete—as a physician's responsible health care associate.

Midwifery, as a specialty, is one of two new certificate programs being developed by nursing schools in response to urgent requests from government health authorities and doctors' associations. The second and newer career program is that of pediatric nurse associate, a job which takes the nurse with specialized postgraduate preparation out of the hospital and into the community to provide health

and preventive care to well children and those with minor illness; she gives counsel to their mothers—always in collaboration with a pediatrician or family physician.

Both programs, according to Ruth White, chairman of community health at Loma Linda University School of Nursing are being developed because there are not enough obstetricians, pediatricians, and family doctors in all localities to take care of the need. Miss White, a certified nurse-midwife, is assisting development of the two curricula to augment the nursing education program here.

"Some people think this will be second-class care," she says. "It won't be. It will enhance and increase mother and child health care for all, because it calls for the nurse-practitioner to work in collaboration with the physician and enables the physician to give priority to those have severe health problems."

Although Loma Linda hopes to be among the first nursing schools in the West to offer such career training to nurses, and one of a small number in the entire country, this trend in education will certainly become universal, Professor White believes, because the demand for nurses with the additional capability is already great.

In California, nurses are not legally permitted to deliver babies. But the California state department of health is now urging baccalaureate schools of nursing to prepare nurse midwives and pediatric nurse associates as a means of increasing the state's health-care manpower. A nurse-midwife, working with an obstetrician or in a hospital outpatient department, would increase the number of patients that could be served as well as enhance the quality of care. A change in the California law seems likely in the future.

The pediatric nurse-associate is still so new a specialty that the American Academy of Pediatrics, with the American Nurses' Association, has just set up guidelines for education. The School of Nursing has incorporated this preparation in its educational program.

To get both of these curricula into full operation, however Loma Linda has received a federal grant. It will take sizeable funds to add the costly laboratory equipment and physician faculty time necessary for such training.



UNIVERSITY MEDICAL CENTER administrator C. Victor Way and hospital ninth floor unit manager Patti McMillan cut the ribbon signifying the opening of the last unit of the hospital. With all the units of the hospital now completed, the medical center has a total of 516 beds.

Professor named Postdoctoral Fellow in History of Ideas

Dr. Gary M. Ross, associate professor of history has been named a Postdoctoral Fellow in the History of Ideas at Brandeis University.

"Dr. Ross's appointment speaks well for the University both as a teaching and learning institution,"



Dr. Ross

says Dr. Ralph L. Koorenny, dean of the College of Arts and Sciences. Dr. Ross received his Bachelor of Arts degree in history from the College of Arts and Sciences in 1961. Following his graduation from Washington State University with a doctorate in nineteenth-century American Diplomatic Relations, Dr. Ross returned to the College of Arts and Sciences to teach in the Department of History and Political Science.

During his one-year appointment, Dr. Ross will engage in study and writing, "motivated," says Dr. Ross by "the special challenges put upon teachers in church-related institutions to widen their teaching competencies and to be innovative in their teaching methods."

Much more than the nurses now working in obstetrical or pediatric wards of hospitals, a nurse in either of the two new specialties will become a physician's "extra arm," so trained that she will be more perceptive of physical deviations from the normal—for instance: irregularities in heart sounds, abnormal breathing patterns, skin lesions, etc. — and would call them to the physician's attention. At the same time, because she will be aware of her own limitations, she will be qualified to accept more responsibility for the management of normal or routine examinations, baby deliveries, and preventive health care.

A physician would examine the expectant mother on the initial prenatal visit. If everything seems normal, and if the mother has signed up for the midwifery service, the nurse-midwife would take care of the patient from then on. However, if during the pregnancy or delivery there were any evidence of a problem, she would call in the obstetrician member of the team with whom she works.

The nurse-midwife is trained in the administration of local anesthesia and in doing the episiotomy, as well as the management of all aspects of normal pregnancy and delivery. She is also skilled in

working with women who want to have their babies by natural childbirth. Her training is so inclusive of the most recent developments in obstetrics that, like physicians, she will be encouraged to return every few years for new information on medications, anesthesia, and the treatment of newborn babies.

Lois V. Johnson, associate professor of nursing, recently completed a training program for pediatric nurse associates at the University of Colorado and will teach this phase of the program. Clarice W. Woodward, chairman of the department of maternal child nursing, is coordinating curricula development for the programs in midwifery and pediatric nurse associates.

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THE CAMPUS HILL CHURCH Fellowship recently took 75 children from the San Bernardino Mill Center Project on a shopping spree for new school clothes at the Sears store in San Bernardino. The store cooperated with the venture by providing substantial discounts for this special event. The children, ranging in ages from 3-17, enjoyed the event as much as they did the new clothes. About \$1,800 worth of clothing was purchased.

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Health instruction initiated for in-patients of the medical center

Six in-patient programs in health instruction have been initiated by the health education services of the University medical center. These programs are conducted on a daily basis or upon demand, according to Joyce Lim, health educator.

The newest of these programs is scheduled to begin October 5 from 1:30 to 2:30 p.m. in the medical center. It will be a daily program conducted by medical experts for an in-depth look at diabetes, its treatment and complications. In addition to learning the proper care and treatment for such diseases, says Mrs. Lim, the patient will be given time to ask questions dealing with specific problems.

Other programs include two on heart care, one for general care and another for the heart surgical patient; another class is for the respiratory patient; another for the stroke victim; and a health related story hour for the children. All these programs include instruction in proper diet, exercise, and specialized subjects to keep the person as fit and healthy as the illness will provide.

"Programs such as these are very important to the patient once he or she returns to home and a normal life. What we are trying to do," says Mrs. Lim, "is to give them the best possible chance for a successful and full life."

New department added to library to collect historical information

A new department has been organized in the two Loma Linda University Libraries that will collect and store historical data and sponsor research.

Headed by former University president Dr. Godfrey T. Anderson, professor of history, the department of archives and research will be initially located in Vernier Radcliffe Memorial Library on the Loma Linda campus. Later the facility will be expanded to the La Sierra campus.

The department will have much broader responsibilities than the existing office of historical records, says associate librarian Alice E. Gregg. Besides storing historical materials and records as done in the past, she says, the staff of the department will procure items of value that pertain to University and denominational history.

"An institution that recognizes and preserves its archives is in essence saying that it is willing to learn from the lessons of the past," says George V. Summers, director of University libraries.

In addition to Dr. Anderson, the department staff will include James Nix, associate University archivist, and Irene Schmidt, archivist secretary.

School of Dentistry junior places second in clinic competition

School of Dentistry junior Charles L. Wilcox, of Loma Linda, placed second in national table clinic competition October 12 during the Annual Session of the American Dental Association in Atlantic City, New Jersey.

Competing with 35 other dental students from the United States and Canada in the Clinical Application and Technics category, Mr. Wilcox was among the top winners with his table clinic, "A New Technique to Evaluate Pulp Vitality — Sphymographic Analysis." Twenty other table clinics were judged in a basic science and research category. Forty-nine American and seven Canadian dental schools sent students to Atlantic City to exhibit table clinics.

The annual judging is sponsored by Dentsply International, of York, Pennsylvania. Two School of Dentistry seniors took second place during the annual judging held last year in Las Vegas, Nevada.

Two University scientists chart sense of smell from nose to brain

Like watching traffic on a free-way during rush hour, two University scientists have spent over five years observing and charting the busy traffic of nerve messages that speed by electrical impulse from a cat's nose to his brain to convey the sense of smell.

After exploring by electron microscope the virtually unknown area of the brain's olfactory tracts (there are two tracts, each less than half an inch long), they reported here yesterday on the speed and direction of this traffic, and the way in which it seems to be controlled. Most of their observations hold true for the human olfactory system as well.

T. Joe Willey, PhD, assistant professor, and Lawrence D. Longo, MD, professor in the department of physiology and biophysics, described how impulses from the receptor nerve cells in the mucosa at the back of the nose travel to the bulb at the entrance to the two tracts in the brain, are channeled through one or the other of the tracts and then dispersed to points deeper in the brain — all within a thousandth of a second. They also suggested that a control area in the brain analyzes this information and sends back messages over the same tract, instructing the relay cells in the bulb to focus on certain kinds of odors and ignore others. The report was presented to a session of the American Physiological Society, meeting with the Federation of American

Societies for Experimental Biology, in Chicago, Illinois.

Their theory of two-way traffic through the olfactory tract, as the means of controlling and selecting incoming sensory information, was deduced from the diameters of the nerve fibers in the tracts — infinitesimal, invisible threads which Drs. Willey and Longo have measured. The theory differs from general scientific opinion which presently holds that traffic through the olfactory tracts is strictly one-way and that controlling messages from deeper in the brain return to the receptor nerves through other nerve channels.

Such work on the traffic through the olfactory system could offer a clue toward the understanding of larger events in the brain. Although thousands of messages pass back and forth through this system within a second, olfaction nevertheless serves as a comparatively simple model for studying how the brain receives and deals with sensory information of all kinds. (In the human brain, which contains 10 to 15 billion nerve cells intricately connected with each other — a single cell may have many thousand interconnections — the total traffic is in multi-trillions of electrical impulses a second. Scientists trying to study this dense electrical jungle have progressed about as far as did the medieval astronomers when looking at the stars).

Although olfaction is one of the basic sensory systems, it appears to be less complex than the others. The nerve cells in this area of the brain are interconnected but arranged in a single layer. Moreover, because a cat, unlike man, lives chiefly by its sense of smell, its olfactory system is not overshadowed by the rest of the brain, and therefore is easier to study.

Drs. Willey and Longo found there are about 500,000 axons (nerve fibers) in each of the cat's olfactory tracts. They were able to describe for the first time many other details of the structure and organization of the tract, including its breadth and thickness — roughly five millimeters at its beginning and two millimeters at the end.

The Loma Linda investigators also showed slides of the recorded electrical impulses of smell going



DENTAL STUDENT MISSION service challenges Linda Bauer (left) and Geni Nelson (right). The two girls, 1971 graduates in Dental Hygiene and Dental Assisting, are working and instructing in their dental specialties at the Seoul Adventist Hospital in Korea.

through the tract to the cortex in the forebrain. On the oscilloscope each impulse looks like a traveling wave. The waves change shape as the nerve fibers, along which they travel, branch off and disperse to other areas of the brain.

Each nerve fiber has a specific velocity for conducting impulses; the bigger the fiber, the faster its transmission. The biggest, which is 10 times as large as the smallest, according to the report, transmits impulses at the rate of about 10 meters a second.

Another finding — which is still puzzling the two scientists — is that about half the fibers in the tract are very small and unmyelinated (that is, uncoated). How this affects olfaction is not clear; large nerve fibers always have a coating, and it is known that impulses travel faster over coated fibers — which means that half the fibers in the olfactory tracts conduct very slow-moving messages.

By having a computer plot the dimensions of these traveling waves, Drs. Willey and Longo have been able to picture the impulses in three dimensions. The visualizations, which they showed in slides at the meeting, will enable scientists to gain a better understanding of the way such sensory impulses arrive at their destination in the brain.

Professor named to city commission by Riverside city mayor

Fernando F. Salcedo, assistant professor of Spanish has been named to the Riverside Community Relations Commission by Mayor pro tem Sam Digatti in behalf of the City Council. The volunteer group is concerned with such problems as education, housing, police-judicial matters, and employment for both minority and majority groups. Salcedo has been appointed for a four year term.

According to Salcedo, goals of the commission include "equal justice before the law, equal social, economic and political opportunities for all."

The board is empowered to hear petitions of grievance in the areas of human relations and to make recommendations to the mayor, the city council and all agencies of local government.

Salcedo joins College of Arts and Sciences alumnus, Ben Brewer '35 as the second Seventh-day Adventist on the council. Originally from Ecuador, Salcedo, a faculty member at the University since 1967, is now working on his doctorate at the University of California, Riverside.

Extension adds drug abuse prevention course for Armed Services

The Drug Abuse Prevention Education Program is now a part of University Extension on the island of Okinawa. The course, initiated this fall, was requested by the United States Armed Services Headquarters and is offered for university credit by the School of Education and University Extension.

The program, according to Vernon H. Koenig, PhD, dean of University Extension, is part of a eight-phase program launched by the Armed Services in Okinawa to combat drug abuse. Over 360 persons have enrolled in the course and the response of the High Commissioner in charge of Armed Services and civilian affairs is most commendatory concerning the program.

Armed Services publications have reported the program and urgent inquiries have been received from the Naval Station Headquarters at Subic Bay, Republic of the Philippines as well as from the Armed Services Headquarters for South Vietnam. These requests are currently under study for the possibility of future similar programs.

Positions Available

Registered Pharmacist - Registered Inhalation Therapist
Medical Technologist with training in histotechnology
Apply to the Personnel Office, Washington Sanitarium and Hospital, 7600 Carroll Ave., Takoma Park, Maryland 20012.

Specialists Needed for Group Practice

Organizing Medical Group Practice near SDA hospital. Area serving at present 30-40,000 with only six GPs and one ophthalmologist. Needed: Internists, Surgeons, OB/GYN, Pediatrician, Family Practice, and GPs. Eight grade, two-teacher SDA school. For information call or write: Don Wilson, P.O. Box 767, San Marcos, Texas 78666, (512) 392-3324.

Genetic effects of marriage studied

Marriage between close relatives to be studied in southern India

A plan to study the genetic affects of marriage between close relatives, the centuries-old custom in an extensive area of southern India, is now being developed by a University geneticist in collaboration with Indian scientists.

Willard R. Centerwall, MD, director of the genetics, birth defects, and chromosome services at the University medical center, went to India a few months ago to discuss with other scientists how such a study should be conducted. His trip to probe the possibilities of such an investigation was supported by the Maternal and Child Health Service of the Health Services and Mental Health Administration in the U.S. Department of Health, Education, and Welfare.

Upon receiving an acceptable plan, India and the United States will co-sponsor the research in South India. Scientists expect that information about the hereditary factors in disease and in growth

and development, valuable to both countries, could come from such research. It could also provide a basis for individual family genetic counseling which would benefit immediate as well as future generations.

Earlier studies by Dr. Centerwall, when he was at the Christian Medical College in Vellore, South India, inspired the government's interest in the project. His studies showed that almost 50 percent of the marriages in the rural area of that part of India were between close relatives. The caste system, as practiced in southern India, where such community groups tend to be smaller than in the north, is probably a chief reason for the inbreeding, he says. A desire to keep property in the family may be another.

Typically, 10 percent of the marriages in one village Dr. Centerwall studied were between uncle and niece. About 38 percent

were between first cousins, cousins once removed, or second cousins, and many of the husbands and wives were doubly and triply related. With a population of over 110 million, the scientist concluded from his own and other studies South India has more inbred people than are found in any other part of the world. "It is a unique model for genetic research," comments Dr. Centerwall.

During his visits to fellow scientists in India earlier this year, he inquired about the work of each group and suggested how the value of their separate studies could be increased by agreeing to common methods, standards, language, and objectives. Toward this goal, the Loma Linda investigator has just received word that a meeting of the scientists he visited is now being arranged at a central location in South India.

Once a detailed plan, devised by Dr. Centerwall and colleagues in

Vellore, is approved by both governments and put into effect — beginning perhaps the middle of next year — all the separate studies will be coordinated. When compiled, they could provide a significant overall view of the biological results of inbreeding throughout that part of the world.

Geneticists, pediatricians, and biostatisticians will examine the role of heredity (or lack of it) in certain puzzling disorders whose causes are not yet known and the relationship of consanguineous (inbreeding) marriage patterns to congenital malformations in children, the subject of an earlier study by Dr. Centerwall.

But the chief objective of this research is to find out what effect high inbreeding has on reproduction in general — on the parents' fertility, their babies' health and normalcy, and the population's physical and mental growth.

placement

DENTISTS

California

Greenville: Room for a dental practice. Small church in a rural setting.

Upland: Dental practice for sale now. Established 6 year practice of 1964 LLU graduate. Four chair office with modern equipment.

Iowa

Des Moines: For sale. Two year old dental practice. New building with plenty of parking. Laboratory, darkroom, business office, reception room and one operator. Complete financing available.

Minnesota

Ortonville: Space available for dentist. Living is rural.

Oregon

Madras: Need fourth dentist in Madras area. Church and church school available.

Wisconsin

Established practice for sale in Western Wisconsin. Two chair. Former dentist retiring.

PHYSICIANS,
GENERAL PRACTICE

Arkansas

Atkins: Opportunity for association with young general practitioner. Could begin practicing in modern, 2-man clinic with all equipment already available — no initial expense. Private office supplied. Excellent medical facilities available.

Clarksville: Three physicians need services of another general practitioner. 46 bed general hospital available. About 60 miles from Fort Smith where specialists in

practically all fields of medicine are available for consultation. This is an agricultural and timber country.

Rogers: Acute shortage of physicians in this community. Modern, well-equipped hospital with 100 beds. Good well-equipped physician's office building near the hospital is vacant.

Smackover: Young, general practitioner wants an associate, preferable a G.P. with surgical training. Hospitals available at El Dorado, 12 miles away. Both have intensive care units with monitors. No other physician in Smackover.

Arizona

Tombstone: Immediate need for G.P. Unlimited practice available in addition to county health responsibility if wanted. Army personnel, both military and civilian live here. Town caters mostly to retired and tourist trade.

Yuma: General Practitioner needed. Population is 29,000 with trade area of 80,000. General hospital available with 129 beds. Community will assist physician in making arrangements for housing and office space. Agricultural area.

California

Angwin: Office equipment and practice for sale. Continuing contract with school for part-time coverage available. Community population 2,000 plus 1,800 college enrollment. Hospital and nursing homes in area. Pre-school through college available locally. Ideal for man with growing family.

Arcadia: G.P. needed. Office available for rent in an above average community.

Bakersfield: Physician needed to take over practice. Building is ideally arranged for two doctors.

Caruthers: SDA physician wanted! Church school and academy and church. Office located in medical center and suitable for two. 6,000 charts available immediately.

Greenville: SDA physician wanted in Greenville. Beautiful location in mountains of Northern California. 100 miles from Reno and 200 miles from San Francisco. Hospital available and Adventists highly respected in community. Good opportunity for Christian medical-missionary work.

Northfolk: Office available and completely equipped. Either sell or rent office. Nurse will carry on. Open staff at hospital. Fresno not far. Building new church.

Yucaipa: Immediate opening for G.P. or Internist under 45 years of age. Newly furnished office. Permanent position available but would consider Locum Tenens for one year. Church and church school.

Kansas

Cherryvale: Cherryvale has 3300 residents and has lost its third and last doctor. Clinic with modern equipment available. First year rent free.

Hill City: G.P. needed in a pleasant, rural community. Kansas medical license needed but would not be required to make an investment. Two large hospitals available with open staff.

Michigan

Cass City: Two G.P.s needed in this city of 2,187 with a trade area to be served by doctor of 31,400. Two active M.D.s in town at present, but need is great for additional physicians. Modern unfurnished medical clinic available.

Dowagiac: G.P. needed to serve as clinical director of the Primary Care Center, a study program in primary care. Program is geared toward promotion of health and prevention of illness.

St. Ignace: Family physician needed. Small modern hospital available. Extended care facility and convalescent facility connected. Present physician having to limit practice.

Minnesota

Northome: Second physician needed. Church and grade school available. Specialist consulting available. Wide opportunity for service in medicine and Christian witness. Numerous Indian patients from Red Lake Reservation.

Ortonville: Space available for 2 or more physicians. Living is rural. City-owned modern hospital with open staff. No church school.

North Dakota

Jamestown: Physician needed to

replace retiring doctor. No investment necessary. Office and equipment available.

Oregon

Madras: No SDA doctor in Central Oregon. Many patients travel to Redmond and Prineville 30 miles away. Office available. Church and church school.

Tennessee

Church Hill: Associate wanted to alternate weekends and evenings on call. Share office space, laboratory, help and x-rays but have own private practice.

Texas

Baird: Town has been without a doctor for over a year. Area serves 9,600. Community has small hospital, 5-room office ready for occupancy. Farming and ranching community.

Buda: Ideal rural opportunity. 3,000 sq. ft. office in rural area. 15 miles to Austin, 15 miles to San Marcos SDA Hospital. Office fully equipped. Practice includes about 4,000 active charts. Available immediately.

Hereford: GP needed to join six-member group in community of 14,000 (area of 25,000), located in Panhandle of Texas. One hospital with open staff. Agricultural area. Excellent medical facilities.

Houston: Largest city in Texas needs another GP. Numerous hospitals. Facilities for housing excellent. Large office space (3 treatment rooms, EKG room, small lab, business and consulting offices, large waiting room available with large lab and x-ray facilities). Former physician recently deceased.

New Braunfels: GP needed. Possibility of association with established physician. 84 bed open staff hospital. Average facilities for housing and office space.

San Marcos: SDA physician has new office available next to SDA hospital. 25,000 in area of San Marcos. Only 5 physicians practicing in area. Church and church school.

Virginia

Hampton: G.P. wanted to associate with another physician. Young man in his 30's preferred.

Dietetics program approved for School of Allied Health

An accelerated dietetics undergraduate program has been approved for the School of Allied Health Professions by the American Dietetic Association, says Dr. Ivor C. Woodward, dean of the school.

Under the new program, students may complete the basic prerequisites for dietetics in their freshmen and sophomore years at an approved liberal arts college. The final two years will be completed at Loma Linda University.

Under the current program, dietetic students must complete an internship program beyond the baccalaureate degree to qualify for membership in the American Dietetic Association. The curriculum changes are expected to begin in September of 1972.

The department of dietetics will also offer a two year Associate Science degree program in Nutrition Care Service through the College of Arts and Sciences with clinical instruction in the medical center.

New major in food production to aid in world food supply

World population is growing faster than world food supply, says Leonard R. Brand, PhD, assistant professor of biology. To meet this need the College of Arts and Sciences is beginning an interdisciplinary major in Intensive Food Production through the Departments of Biology and Agriculture.

"Since the world population is growing faster than world food supply, the shortage of food and resulting starvation is going to get even worse than it already is, says Dr. Brand. "Agricultural methods in many parts of the world are very inefficient. If food production in these countries could be improved, using methods that are already available, this would help to reduce the food shortage."

The new interdisciplinary major, according to Dr. Brand, will teach the basic biology of living systems and also the practical skills of growing food plants in way that yield maximum production. "More food," he says, "can now be produced on the land that is available."

AS I SEE IT

by Robb R. Hicks

Special Representative, Loma Linda University

The University Councillors have just concluded their fall meeting here. These distinguished men are contributing significantly in an advisory capacity to the President.

It was my privilege to sit in their meetings and also to act as one of the tour leaders as we showed the Councillors and their wives through some of the departments of the University.

As we visited various areas in the Schools of Health, Dentistry, Education, and in the schools in the medical center, there was genuine pride in my heart, not just for the facilities and buildings, but because of the scientists and workers. These faithful people, many internationally known for their achievements, represent our greatest asset here. As we went from department to department, it occurred to me that most of these men carry positions of responsibility in their local congregations. They are committed to the higher objectives of this University. It really is remarkable that these highly trained professional people are content to stay at Loma Linda year after year giving faithful service when they might easily go elsewhere to their financial benefit. I concluded that they, like the Councillors who, incidentally, have contributed heavily in dollars as well as in time, are motivated by something more powerful and surely more enduring than mere economic gain.

Washington

Renton: Opportunity for G.P. in association with long-established physician with stable practice. Salary leading to partnership in Renton area.

Snoqualmie: Snoqualmie Valley Clinic is urgently in need of more physicians for area. Clinic is modern, well equipped and staffed. Can offer applicant almost immediate full-time practice with no financial obligation. If private practice is desired clinic will co-operate.

Canada, Alberta

Edmonton: G.P. wanted to join 2 doctors in clinic near Edmonton. Clinics operating in 2 neighboring towns. Hospital. Good starting salary. Full partnership after one year if agreeable.

Lethbridge: Family practitioner to join busy 2-man practice in S. Alberta. Hospital available. Associated with G.P.-Specialist group. Partnership considered after one year.

Canada

Bow Island: G.P. needed who can be licensed with the Province to serve in a community with a fully equipped 20-bed hospital that is presently being served by one doctor. Population 1200 with surrounding district of 5500.

PHYSICIANS, SPECIALISTS ANESTHESIOLOGY

Michigan, Detroit: Associate needed in the Department of Anesthesiology of the Detroit-Macomb Hospitals Association. Must be Board eligible or Board certified.

PEDIATRICS

Texas, Dallas: Associate wanted who is Board eligible or certified to join established physician in city of 899,600, second largest city in Texas. Numerous hospitals. Assistant for 1 year at salary, then partnership. Would deal with children from all walks of life.

INTERNISTS

Texas, San Marcos: Only five GPs in the area. Need specialists. University town. Offices to be built

next to Hospital on commitment. Church and church school.

RADIOLOGIST

Arizona, Yuma: Share in work of active hospital practice of Radiology. Available immediately. Board certified or board eligible with residency completed. Time off for study and research. All necessary office space and equipment is provided. Housing available.

SURGERY

Arkansas, Morrilton: General Surgeon needed in this area just 64 miles from Little Rock. Much of major surgery must be referred to Little Rock. Office space available in clinic. New hospital just built with expanded surgery facilities.

PARAMEDICAL NURSING

California

Los Angeles: Experienced nurse needed at Children's Hospital to function as a member of a multidiscipline team.

Oregon

Madras: Floor and supervisory nurses needed. Hospital within city limits. Opening now!

Texas

San Marcos: Radiologic technician needed in SDA 40-bed hospital, future expansion certain. Need 1 technician for total of 2 technicians. Prefer female. University in town. Close to Austin and San Antonio. Available immediately.

NURSING INSTRUCTORS

California

Anaheim: Inservice R.N. instructor needed at Anaheim Memorial Hospital. Age and salary open.

Idaho

Boise: New position open at Boise State College for a teacher for beginning freshman students teaching Basic Health Needs. Interested especially in someone with medical-surgical or psychiatric nursing specialty. Master's Degree is required.

Kentucky

Richmond: Eastern Kentucky University has opening for project director of the cooperative nursing education project in conjunction with Pikeville, Kentucky, Model City Agency. Also 2 openings for clinical instructors in nursing fundamentals, instructor in Pediatric nursing and clinical instructor in Pediatric nursing and clinical instructors in nursing fundamentals.

New Mexico

Las Cruces: Director needed for a one-year study to evaluate the appropriateness of establishing a nursing school at N. Mexico State Univ. PhD or MS preferred but B.S. considered. Open now!

New York

Rochester: Faculty positions open at University of Rochester in maternity, pediatric and Public Health nursing.

North Dakota

Fargo: Nursing instructor needed to assist two other instructors in teaching Psychiatric-Mental Health nursing 9 months and to assist with Adult Nursing Course during the summer. Immediate opening at St. Luke's Hospital, School of Nursing.

Texas

Prairie View: Faculty at Prairie View A & M College needed for Maternal-Child Health Nursing, Obstetrics, Nursing, Pediatrics Nursing, Medical-Surgical Nursing, and Community Health Nursing.

Washington

Spokane: Qualified faculty needed for area of maternal-child nursing beginning Fall 1971 at Center for Nursing Education.

Wenatchee: Associate Degree Nursing Program Director needed as a faculty member in the Life Sciences Division of Wenatchee Valley College. Minimum qualifications are Master's degree in nursing (or Master's candidacy).

Virgin Islands

St. Thomas: Instructor or assistant professor of psychiatric nursing wanted now! College of the Virgin Islands.

OCCUPATIONAL THERAPIST

Massachusetts

Greenfield: Registered occupational therapist needed with at least 2 or 3 years of experience to be head of Department. Primary emphasis is with physical disabilities.

PERSONNEL SEEKING PLACEMENT

Business Administration, Finance or Accounting position sought. Has accounting major and religion minor.

Radiologist seeking placement. Licensed in Maryland, California and National Boards.

USED OFFICE EQUIPMENT FOR SALE

Small autoclave — almost new
Centrifuge — almost new Wood
instrument cabinet. Matching N & T table.

DENOMINATIONAL CALLS

North America

- 5 administrative secretaries
- 6 cooks
- 2 food service directors
- 5 inhalation therapists
- 6 pharmacists
- 24 registered nurses — general
- 16 registered nurses — supervisor
- 4 secretaries

Overseas

- 1 administrative dietitian
- 2 dentists
- 1 dentist — self-supporting
- 3 nurses — education administration
- 4 nurses — service administration
- 14 physicians (GP)
- 13 physicians (with specialty)

ALUMNI NEWS

Twelve alumni have been named Outstanding Young Women for 1971. Nominated earlier this year by the Alumni Federation, they are recognized for contributions to their communities, professions and country. They are Karen Creason, MRA'68; Bonnie Fields, GS'69; Marylyn Jeanette Grosboll, SH'70; Rosemary Kellogg Jorams, SM'68; La Von Squier Nolan, SM'68; Shirley Oakley, SH'69; Karen Radke, SN'64; Lois Amy Ritchie, SM'63; Sister Shirley Rocek, MRA'69; Kathleen Ruf, SD'58; Gail True, GSN'69; and Cynthia Cooley Vest, AS'61. Four alumni were named Outstanding Young Men of America. They are Marshall Brewer, SM'68;

Charles Habenicht, PT'60; Jerome Niswonger, SM'62; and Leland Shultz, SM'69. President Nixon said that the nominations present "a most fitting testimonial, not only to the success of many of our young people, but also to their awareness of the debt which they owe our free society."

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The School of Dentistry's Alumni-Student Convention is scheduled for March 8-11, 1972. Fourteen judges have been invited to judge the table clinics to be presented by students in dentistry, dental hygiene and dental assisting. Keynote speaker will be Carl A. Laughlin, president-elect of the Ameri-

can Dental Association. Margaret Ryan from the Council on Dental Education in the American Dental Association, is invited to speak to dental hygiene alumni and guests. Thomas W. Beckam, executive director of the American Dental Assistants Association, will speak to dental assistants during the convention.

* * * * *

Kay Rose, OT'71, left for Malamulo in October where she will serve a term of 9 months as a student missionary. The Trans-Africa Division of Seventh-day Adventists requested an occupational therapist volunteer to work at Malamulo Mission in Malawi, Africa where Ray Foster, SM'59, directs a dynamic program for patients with Hansen's disease, more commonly known as leprosy. The Occupational Therapy Alumni Association and faculty and students of the Department of Occupational Therapy have been busy raising funds for Kay's transportation. In preparation for working with Dr. Foster, Kay spent her senior clinical practice and research topic time with hand surgery patients in the hospital occupational therapy service under the supervision of Dr. Virchel Wood, noted hand surgeon who recently joined Loma Linda University Medical Center.

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Anthony J. Phair, a 1964 graduate of La Sierra College, and anchorman on NEWS-LAB, WMPB-Channel 67 ITV, reports current events in the news at the local, national and international level. The program reaches about a million school children in the elementary and secondary schools of Maryland and surroundings areas. Besides being anchorman on many NEWS-LAB programs, Phair has been involved in a number of film productions. Quite recently, the program was based on one of Phair's expeditions to the Amazon jungles of Brazil (a journey he made several years ago and about which he wrote a book published in five languages and, later, syndicated in more than 40 countries around the world).

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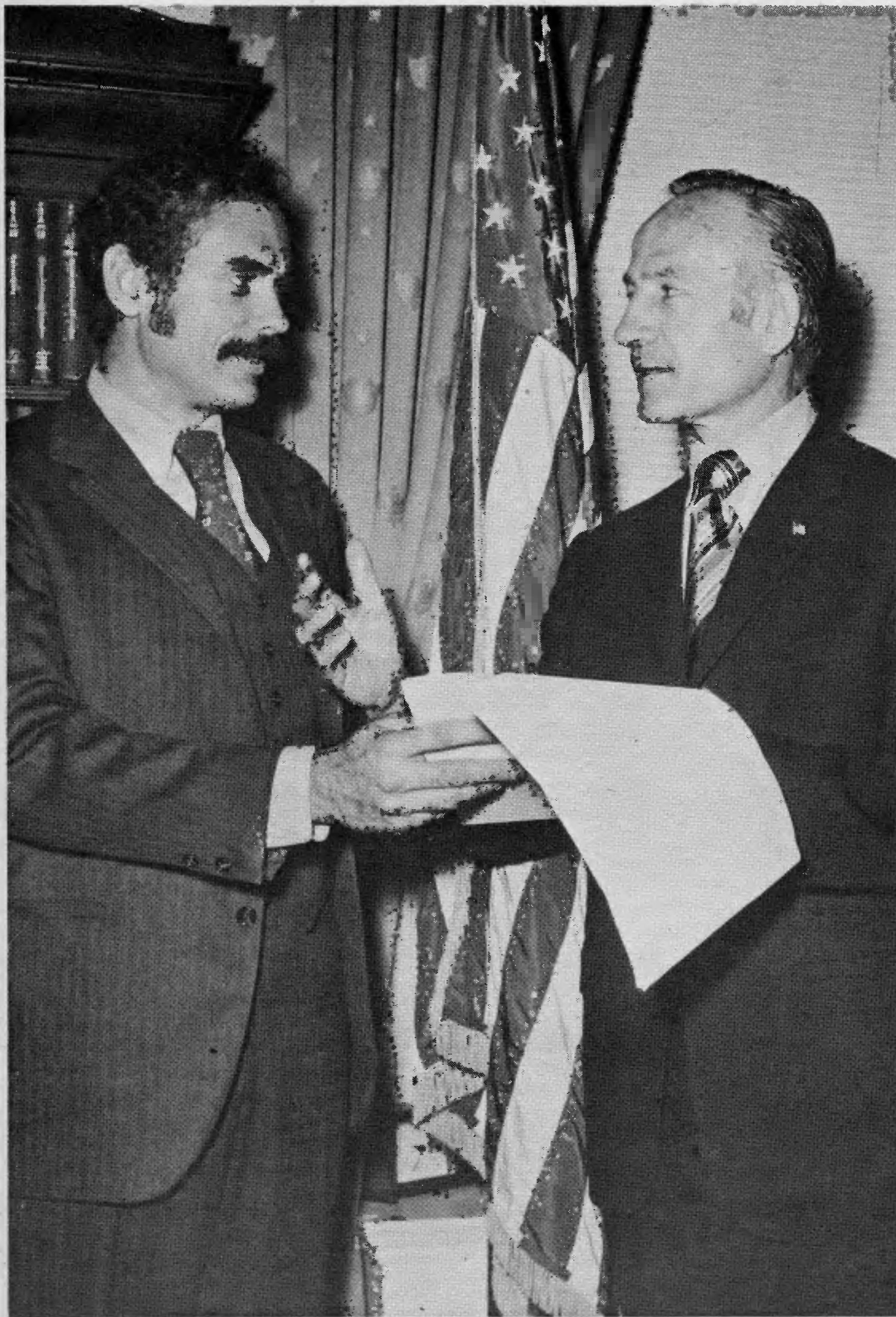
The School of Medicine Alumni Association will break a long standing tradition of conducting its Alumni Postgraduate Convention at the Ambassador Hotel in Los Angeles. The 1972 convention will be held in the Century Plaza Hotel in Beverly Hills. APC Board Chairman Paul Deeb, SM'42, states that the new location "will enable the convention to do a better job of meeting contemporary continuing education needs and should provide a definite boost in convention morale."

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Officers elected recently for the Alumni Federation are: Erwin A. McDonald, SD'61, Robert E. Lorenz, AS'51, SM'57, president-elect, and Ardis H. Koobs, AS'49, secretary, Varner J. Johns, Jr., SM'45, is serving as immediate past president. The Alumni Federation was organized in 1958. This organization provides an avenue by which the several alumni associations, distinctive of professions represented by curriculums of the University, join their common concern for the continued welfare of the institution. The Federation seeks to foster unity and loyalty and to promote the growth of the total institution and at the same time the best interests of each part.

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Ward B. Studt, Jr., M.D., SM'52, recently received advanced degrees from the University of Colorado at its summer commencement. Dr. Studt studied under Dr. Leland Kaiser in the Division of Health Administration and submitted a thesis on "HMO for the Rural Area." He was born in Denver and received his B.S. degree in 1947 from Pacific Union College. He will become director of a health maintenance organization.



Larry Longo, MD, professor and researcher in the Department of Physiology at Loma Linda University School of Medicine, discusses pending legislation with Rep. Jerry L. Pettis in the Congressman's office on Capitol Hill. While in Washington, Dr. Longo spoke with members of Congress and Administration representatives concerning the importance of government support for basic medical research.

compiled by Caroline J. Turner
manager, Office of Alumni Affairs

Ella May Stoneburner SN'39, has been elected as the fourth woman to sit on the 270 member General Conference Committee, the highest administrative body of the two-million member Seventh-



Miss Stoneburner

day Adventist church. An assistant secretary since 1963, Miss Stoneburner is a health educator, conducting health programs and cooking schools in churches, schools, and communities around the world. She is also editor of *School Health*, a monthly bulletin published September through May and the quarterly publication *Home Nutrition Instructor*. She worked as the assistant supervisor of the Loma Linda University Hospital from 1939 to 1941.

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Lucile L. Lewis, GS'58, has recently authored the textbook *PLANNING PATIENT CARE*. The book, which will serve as a textbook for students and other reference for the practicing nurse, is one of a series on the various aspects of nursing authored by outstanding nurse-clinician educators across the United States.

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Walter E. Macpherson, SM'24, is designated University Alumnus 1971. Selected by the Alumni Federation Board of Governors, he is recognized for his (1) superior achievement above average in church, community, and humanitarian service, (2) achievement of ideals for which Loma Linda University was established, and (3) achievement of activities bringing credit and honor to the University. The plaque was presented to Dr. Macpherson



Dr. Macpherson

at the 1971 Commencement ceremony. His name will be inscribed on permanent plaques in administrative buildings of both campuses.

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At the last business meeting of the Tri-County Dental Hygienists' Association the following graduates of Loma Linda University's Department of Dental Hygiene were elected officers for the 1971-72

year. They are as follows: Betty L. Zendner, DH'66, president; Marcia M. Wilson, DH'66, president-elect; and Karen Kannenberg, DH'66, secretary.

* * * * *

The annual California Medical Record Association convention was held recently in Sacramento. Representing LLUMC Medical Records Service were Margaret Jackson, MRA'65, and Marilyn Opincar, Honorary. Official delegates to the convention were: Judy Peeples, MRA'65, newly elected vice president of the Southern California Medical Record Association; Sondra Deacon Barclay, MRA'64; Jean Baden Rodney, MRA'66, the president-elect of the Sacramento Valley Medical Record Association; and Margaret Jackson, MRA'65, who was installed as Secretary of the CMRA. Other alumni who attended the convention included Barbara Henderson Desrosiers, MRA'69, Marcia Nelson Lazar, MRA'70, Christine Pflaumer Hyde, MRA'69, and Betty Rae Churches Jose, MRA'65.

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William F. Quinn, SM'31, is credited in the August 2 issue of the *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, for upgrading TV medical dramas. Dr. Quinn, who is chairman of



Dr. Quinn

AMA's physician's advisory committee on television, radio, and motion pictures, states that effective education of the public in health matters is best achieved through authentic portrayals of the health professions. "We convinced the television people that interesting episodes happen in hospitals, and they could stick to the facts." According to Dr. Quinn, television dramas have made significant progress in health education programs relating to such things as cancer and venereal disease. His 15-member committee provides assistance on about 200 scripts a year and answers countless questions in connection with other scripts.

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Curtis S. Emery, AS'63, has been named Dallas division operations manager of C.I.T. Corporation and C.I.T. Leasing Corporation. In addition, Emery has been elected an assistant secretary of the two C.I.T. Financial Corporation subsidiaries engaged in industrial financing and leasing. Emery holds a B.S. in business administration and will be chief credit officer for the Dallas division, which covers roughly the northern half of Texas.

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Ina Y. Longway, GS'63, recently participated in a nursing education curriculum workshop at Columbia Union College. She joined representatives from other schools in evaluating the results of a recent General Conference nursing education questionnaire. According to Mrs. Longway, who is associate professor of nursing research, the participants worked to develop systems facilitating transfer from

one school to another and from associate degree to bachelor of science degree programs in nursing.

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The School of Dentistry's Century Club board of directors has voted to contribute \$40,000 per year to increase salaries of full-time faculty at the School of Dentistry. According to a club spokesman, the annual grant will be continued up to a three-year period to allow the University sufficient time to generate funds for continuation of recommended faculty salary increases.

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Ellsworth E. Wareham, SM'42, was granted a Doctor of Laws degree from Andrews University last month. The honorary degree is in recognition of his leadership in the field of open-heart surgery



Dr. Wareham

and recognizes him and his team for its work in Pakistan, Thailand, Taiwan, India, and Greece. A Texan, Wareham has taught in the School of Medicine since 1956, where he is now co-chairman of the department of surgery and chief of the section of thoracic and cardiovascular surgery.

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According to the School of Dentistry Alumni Association's mission chairman, Hugh C. Love, SD'61, there is urgent need for two dentists in Trans-Africa, one in Maseru, Lesotho, and one in Blantyre. Dr. Love also reports that two general dentists are needed to join the clinic in Okinawa.

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C. A. (Bill) Oliphant, AS'51, has been appointed chairman of the department of journalism, Marshall University, Huntington, West Virginia, and assumed his new responsibilities on June 1. Dr. Oliphant, who received his PhD in mass communications from the University of Iowa in 1968, joined the Marshall faculty as associate professor of journalism last year. Prior to this, he was on the faculty at Andrews University. He has also served as book editor at Southern Publishing Association. He taught on the La Sierra campus 1962-1965.

Marshall is one of two state universities in West Virginia and has an enrollment of 10,000. The department of journalism has an enrollment of 500, including 325 undergraduate majors and 30 graduate students.

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According to a recent count, Loma Linda University alumni now total nearly 13,000, with the largest number of graduates in Medicine (3,694). Other schools or disciplines are: College of Arts and Sciences and School of Education — 3,607; School of Nursing — 2,444; School of Dentistry — 781; Physical Therapy — 611; Graduate School — 469; Nutrition and Dietetics — 322; Medical Technology — 320; Dental Hygiene — 251; Public Health — 176; Radiological Technology — 112; Occupational Therapy — 72; Medical Records — 62; and Dental Assisting — 13.

TRY THIS DELICIOUS MAIN DISH with any of these 3 popular Loma Linda entrees

Versatile VEGELONA

Quick Vegelona-Lima Casserole

- 1 1-lb. can Lima Beans
- 2 C. Liquid from beans/Milk
- 1 Pkg. Loma Linda Country Style Gravy Quik
- 1 Pkg. Loma Linda Smoky Bits Gravy Quik
- ½ 14-oz. can Vegelona, grated
- 1 Tbsp. Green Onions, minced
- ½ C. Ruskets Flakes, crushed

Combine both gravies and liquid as on package. Add Vegelona and onions. Layer sauce and beans in oiled baking dish, top with Ruskets. Bake 20 minutes at 350°F. Serves 4.

Super French Sandwich

- 1 loaf French Bread
- 1 14-oz. can Vegelona, thinly sliced
- 1 can Turkey-like Slices Sandwich Relish

Slice bread, but not quite through at bottom. Put relish, Vegelona, and Turkey-like Slices in every other cut. Wrap in foil and bake 20 minutes at 300°F. Cut off sandwiches and serve with lettuce and tomatoes. Serves 6.

Quick ways with VEGELONA

1. Dip strips in breading meal and brown. Serve with rice or noodles.
2. Top baked beans with slices and pineapple rings.
3. Chop and add to potato hash.
4. Alternate cubes with tomato, green pepper, and pineapple chunks on party picks.

Nutritious NUTEENA

Nuteena-Cashew Loaf

- ½ C. each: Onions, Celery, Mushrooms—all finely chopped and sauteed in oil
- 1 14-oz. can Nuteena, mashed
- 1 C. Cashews, chopped
- ¼ C. Parsley, chopped
- 1 tsp. each: Accent, Sweet Basil, Food Yeast (Torumel or Brewers)
- Salt to Taste
- 6 Tbsp. Hot Water
- ½ tsp. Savorex
- 4 Tbsp. Soyagen Powder, dry

Dissoive Savorex in hot water. Combine all ingredients. Bake in oiled casserole 45 minutes at 350°F. Serves 6.

Nuteena-Avocado Dip

- ¾ C. Nuteena, mashed
 - ½ C. Avocado, mashed
 - 2 tsp. Loma Linda Onion Gravy Quik, dry
 - 2 tsp. Lemon Juice
 - ¼ tsp. Garlic Powder
 - Salt to Taste
 - 2 Tbsp. Mayonnaise
- Mix together and chill well.

Quick ways with NUTEENA

1. Cover slices with Loma Linda Spaghetti Sauce and bake.
2. Use toasted cubes in tossed salads.
3. Mash with finely chopped celery, pickles, onion, and mayonnaise for sandwich spread.
4. Use as Vegelona on party picks.

Popular PROTEENA

Proteena-Yam Bake

- 1 14-oz. can Proteena, sliced
 - 1 1-lb. can Yams and liquid
 - 1 C. Crushed Pineapple
 - 3 Tbsp. Cornstarch
 - 2 Tbsp. Margarine
- Brown Proteena in hot oil. Drain yams and dissolve cornstarch in liquid. Add pineapple and margarine and cook until thickened. Pour over Proteena and yams in oiled baking dish. Bake 20 minutes at 350°F. Serves 4.

Proteena Italiano

- 1 14-oz. Can Proteena, sliced
- 1 medium Eggplant, peeled and sliced
- ½ C. each: Celery, Green Pepper, Onion—all finely chopped
- 1 Recipe Loma Linda Spaghetti Sauce, prepared as on package
- Salt to Taste
- Fresh Mushroom Slices for Garnish

Brown eggplant and Proteena lightly on both sides under broiler. Saute Vegetables and add to sauce. Arrange eggplant topped with Proteena in oiled baking dish. Cover with sauce and mushrooms on top. Bake 30 minutes at 350°F. Serves 6-8.

Quick ways with PROTEENA

1. Make your favorite stew with Proteena.
2. Add cubes to macaroni and cheese.

Loma Linda
FOODS

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